

FILED APR 24 1946

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 296

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Route #9, Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Johns Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39
(c) City or town Rural - Springfield, R. F. D. #9 Campbell
(If outside city or town limits, write "RURAL") OTwp
(d) Street No. Route #9
(If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No) 1
If yes, name country _____

3. (a) PRINT FULL NAME CAROLINE BEHRENS

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Child 0

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive XX years

7. Birth date of deceased. March 13, 1946
(Month) (Day) (Year)

8. AGE: Years 0 Months 0 Days 18 If less than one day _____ hr. _____ min.

9. Birthplace Springfield, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Child

11. Industry or business _____

MOTHER FATHER { 12. Name George W. Behrens
13. Birthplace Lake Forrest, Illinois /
(City, town, or county) (State or foreign country)
14. Maiden name Clarice Hans
15. Birthplace North Brook, Illinois /
(City, town, or county) (State or foreign country)

16. (a) Informant Mother, Mrs Behrens

(b) Address R. F. D. #9 Springfield, Missouri

17. (a) Burial (b) Date thereof April 3, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Park Cemetery

18. (a) Signature of funeral director Jewell E. Windle

(b) Address 534 St. Louis, Springfield, Mo.

19. (a) 4-3-46 (b) W. R. Handley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 1
year 1946 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from 4/1, 1946, to 4/1, 1946
that I last saw her alive on 4/1, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death congenital heart disease
Due to _____

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place) _____
While at work? _____ (e) Means of Injury _____
23. Signature W. R. Handley (M. D. or other) mo
Address Springfield, Mo. Date signed 4/3/46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

11726

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.
working under my personal supervision.

Signed..... *L. A. Roof*
Licensed Embalmer No. *3044*
P. O. Address..... *Springfield Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.