

FILED DEC 2 1948

Registration District No. **273**

Primary Registration District No. **5920**

1. PLACE OF DEATH:

(a) County **Perry**
(b) City or town **Rural Union**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **74-8-15** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Bertha Frentzel**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Theodosius Frentzel** 6. (c) Age of husband or wife if alive **72** years
7. Birth date of deceased **February 27 1874**
(Month) (Day) (Year)

8. AGE: Years **74** Months **8** Days **15** If less than one day hr. min.

9. Birthplace **Perry Co, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **House Wife**

11. Industry or business

MOTHER FATHER { 12. Name **Frederick Gentch** 4
13. Birthplace **Germany** 4
(City, town, or county) (State or foreign country)
14. Maiden name **Sophia Metzner**
15. Birthplace **Germany** 4
(City, town, or county) (State or foreign country)

16. (a) Informant **Theodosius Frentzel**
(b) Address **Frohna Mo.**

17. (a) **Burial** (b) Date thereof **11-15-1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Uniontown Mo.**

18. (a) Signature of funeral director **Young & Sons**

(b) Address **Perry Mo.**

19. (a) **11-15-48** (b) **Joe J. Zoller**
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Perry** 79
(c) City or town **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **12** P
year **1948** hour **11** minute **10** M.

21. I hereby certify that I attended the deceased from **April 21st 1947** to **Nov. 12th 1948**
that I last saw h. **er** alive on **Nov. 12th 1948**
and that death occurred on the date and hour stated above.

Immediate cause of death **Uremia** Duration **1 week**

Due to **Nephritis, Atherosclerotic**

Due to **Atherosclerosis, general cerebral**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **B**
Of autopsy **B**

PHYSICIAN
Underline the cause to which death should be charged statistically.

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **Theodore Fischer** (M. D. or other) **M.D.**

Address **Altensburg, Mo** Date signed **11-15-48**

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

6-2
45
439
47070

RECEIVED

Health Officer No. 4

File Number 1248-1490

Date Filed 12-1-48

JUL 25 1951

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 Wallace Young

Licensed Embalmer No. 4027

P. O. Address Berquille 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.