

MAR 15 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

6492
Do not use this space.

1. PLACE OF DEATH
(a) County Clinton Registration District No. 206
(b) Township Lathrop Primary Registration District No. 3284A Registered No. _____
(c) City _____ (d) Street No. _____ St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Meta Behrens 652
(a) Residence, No. Clinton Co. Mo. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Behrens
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 17, 1862
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
75 5 17

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6

FATHER 13. NAME Henry Orenfeldt 6

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6

MOTHER 15. MAIDEN NAME Elsie 6

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6

17. INFORMANT Fred Behrens (ADDRESS) Clinton Co Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Our Creek Cem DATE Feb 5 1938

19. FUNERAL DIRECTOR J. W. Poland (ADDRESS) Carman

20. FILED Feb 5 1938 C. B. Anderson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 4 1938
22. I HEREBY CERTIFY That I attended deceased from July 2 1937, to Feb 4 1938
Last saw h. p. alive on Nov 18 1937 Death is said to have occurred on the date stated above, at 8:00 A. m.
The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis Date of onset 93C
Other contributory causes of importance: _____
Name of operation _____ Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? No
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____ 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____
Manner of injury 1
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____ (Signed) J. W. Poland M. D.
Carman

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50M-7-27 1 X12004

Leuchter

STATEMENT BY LICENSED EMBALMER

I, *J.W. Poland*, Licensed Embalmer No. *895*

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E. _____

No. _____ or by *A.H. Doolen*, Registered Apprentice No. *99*
working under my personal supervision.

Signed *J.W. Poland*

Licensed Embalmer No. *895*

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.)