

REG'D MAR 16 1939

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

6137

Do not use this space.

## 1. PLACE OF DEATH

(a) County Carroll Registration District No. 135  
(b) Township Carrollton Primary Registration District No. 3010  
(c) City Carrollton (d) Street No. \_\_\_\_\_ Registered No. 24  
(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

Bertla Long Fecher  
(a) Residence, No. \_\_\_\_\_ 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 Fe 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF August Fecher  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 7, 1858  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 80 2 9  
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

FATHER 13. NAME Long  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Unknown  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT (ADDRESS) Joe Fecher, Morborne, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary's Cem. DATE Feb 18, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Standley Carrollton, Mo

20. FILED 2-17-39 John Haskins Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 16, 1939  
22. I HEREBY CERTIFY, That I attended deceased from 1-16, 1939, to 2-16, 1939  
I last saw her alive on 2-16, 1939 Death is said to have occurred on the date stated above, at 6:25 P. m.

The principal cause of death and related causes of importance were as follows:

Senile Dementia  
General Atherosclerosis

Date of onset

Other contributory causes of importance: 97

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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 \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) A. B. Drown, M. D.  
(Address) Carrollton, Mo

FILED  
File Number  
3/19/39  
Health Officer No. 8,  
IVED

**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, .....

*Ben W Gibson*

....., or by .....

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

Signed.....

*Ben W Gibson*

Licensed Embalmer No. *2961*

P. O. Address *Carrollton 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, above space should be left blank.**