REC'D JUL 17 1939

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

22756
Do not use this space.

71

1. PLACE OF DEATH
(a) County Morgan
(b) Township Hawcreek
(c) City Stover R. R.
(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 Registration District No. 919
Primary Registration District No. 57932
Registered No. 9

2. PRINT FULL NAME 652 Matta M. Wittrock Brunjes
(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: 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 Henry Brunjes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 2, 1859

7. AGE: YEARS 79 | MONTHS 10 | DAYS 1 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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) Morgan Co. Mo. 0

FATHER
13. NAME Heinrich Wittrock 6
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hanover Germany 6

MOTHER
15. MAIDEN NAME Anna Wittrock
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hanover, Germany

17. INFORMANT (ADDRESS) Louis Brunjes Stover, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Pyrmont Cem. DATE July 5, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Rapp & Stevinson Stover, Mo.

20. FILED July 10 1939 Wm L. Ripperger Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 3, 1939

22. I HEREBY CERTIFY, That I attended deceased from April 1939 to July 3, 1939
I last saw her alive on July 3, 1939 Death is said to have occurred on the date stated above, at 4:45P.m.
The principal cause of death and related causes of importance were as follows:

apoplexy — Date of onset June 30, 39

82 W

Other contributory causes of importance: age

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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 ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Chas A Wrest, M. D.
(Address) Stover Mo

(Licensed Embalmer's Statement on Reverse Side)

MARGIN RESERVED FOR BINDING
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. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
V. S. 1937 E. 50M-1-12-38 I X14028

RECEIVED
District Health Officer No. 7,
District File Number 7-39-1014
Date Filed 7-12-39

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.....

Licensed Embalmer No.....

P. O. Address.....

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.