V. S. No. 2
M—11-10-39
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 14 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6267

Registration District No. _____ Primary Registration District No. 4098 Registrar's No. 6

21
1
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Chariton
(b) City or town Brunswick
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: East Broadway 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days) In this community 1 1 7

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Chariton
(c) City or town Brunswick
(If outside city or town limits write "RURAL")
0
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME BERTHA WILHELMINA PILATZ
3. (b) If veteran, name war _____
3. (c) Social Security No. _____
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Dec. (Month) 1 (Day) 1857 (Year)
8. AGE: Years 82 Months 2 Days 20 If less than one day _____ hr. _____ min.
9. Birthplace _____ (City, town, or county) Germany (State or foreign country)
10. Usual occupation Home Keeper
11. Industry or business 6
MOTHER FATHER
12. Name John Gurrman
13. Birthplace _____ (City, town, or county) Germany (State or foreign country)
14. Maiden name Wilhelmina Lucast
15. Birthplace _____ (City, town, or county) Germany (State or foreign country)
16. (a) Informant Herman Kussman
(b) Address Brunswick Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-23-1940 (Month) (Day) (Year)
(c) Place: burial or cremation Brunswick Mo
18. (a) Signature of funeral director L. W. Heise
(b) Address Brunswick Mo
19. (a) Feb. 23, 1940 (Date received local registrar) Harry E. Tatum (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 21 year 1940 hour 05 minute 02 P.M.
21. I hereby certify that I attended the deceased from 1919, 19____, to 2-21-40, 19____; that I last saw her alive on 2-20-40, 19____; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Apoplexy	2 Wks
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Coronary Sclerosis	
Major findings: Of operations None	
Of autopsy None	

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? _____ (Specify type of place)
While at work? _____ (e) Means of injury _____
23. Signature John M Nelson (M. D. ~~or other~~) 1
Address Brunswick Date signed 2-22-40

158 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 3-11-40

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 W Merrill

Licensed Embalmer No. 823

P. O. Address Brunswick Me

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.