FILED MAR 12 1940

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

6704
Do not use this space.

1. PLACE OF DEATH
(a) County GREENE Registration District No. 318
(b) Township Primary Registration District No. 5440 Registered No. 121
(c) City SPRINGFIELD (d) Street No. Ozark Osteopathic Hospital 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 135 Edward O Aufdembrink
(a) Residence, No. St. Mt. Vernon, Mo.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m
4. COLOR OR RACE w
5. ~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ (*write* the word)

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF (OR) WIFE OF Freida Aufdembrink

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 8 - 1912

7. AGE YEARS 27 MONTHS 7 DAYS 26 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. farmer
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) Lawrence Co. Mo.

FATHER
13. NAME Theo. Aufdembrink
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Friestatt, Mo

MOTHER
15. MAIDEN NAME Annie Kruger
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Friestatt, Mo.

17. INFORMANT (ADDRESS) Theo Aufdembrink

18. BURIAL, CREMATION, OR REMOVAL
PLACE Fristatt Cem DATE Feb 6th 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Fossett Funeral Home Mt. Vernon, Mo

20. FILED 2/5/40 19 Chas A. George M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2 - 4 - , 1940

22. I. HEREBY CERTIFY, That I attended deceased from 2 - 1 - , 1940, to 2 - 4 - , 1940
I last saw him alive on 2 - 3 - , 1940. Death is said to have occurred on the date stated above, at 12:20 p.m.
The principal cause of death and related causes of importance were as follows:

brain abscess
Non-malignant

Date of onset

Other contributory causes of importance:

Name of operation none 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? no
If so, specify
(Signed) Wilma Westfall D.O.
(Address) 2100 S. Holland Springfield, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

50M-1-12-38 I X14023

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 H A Fassett

Licensed Embalmer No. 2201

P. O. Address Mt Vernon 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.