

S. No. 2  
I-11-10-39  
v. 5-17-39  
I X21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **10617**

Registration District No. **169**

Primary Registration District No. **4098**

Registrar's No. **12**

1. PLACE OF DEATH  
(a) County Chariton  
(b) City or town Brunswick  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days) 1 1/2

3. (a) PRINT FULL NAME ROSALIE SCHRENK  
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 Widowed

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Aug 22 1857  
(Month) (Day) (Year)

8. AGE: Years 82 Months 6 Days 29 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Germany  
(City, town, or county) (State or foreign country)

10. Usual occupation House keeper

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name Jacob Pierson  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Katherine Pierson  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant L. J. Schrenk  
(b) Address Detroit, Mich

17. (a) Burial (b) Date thereof March 24 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Brunswick, Mo

18. (a) Signature of funeral director John H. Meyer  
(b) Address Brunswick, Missouri

19. (a) Mar 29/40 (b) Harry E. Johnson  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Chariton  
(c) City or town Brunswick  
(If outside city or town limit write "RURAL")  
(d) Street No. W. Broadway  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 79 years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 21st  
year 1940 hour 10:30 minute 2 M.

21. I hereby certify that I attended the deceased from July 29th, 1939 to March 21, 1940  
that I last saw him alive on March 21, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Phonetic Myocardial Degeneration  
Due to \_\_\_\_\_  
Due to 90C

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations None  
Of autopsy None

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? 150  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature William T. Hyatt (M. D. or other) 1  
Address Brunswick Mo Date signed March 23 40

Duration Unknown  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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

RECEIVED  
District Health Officer No. 8  
District File Number  
Date Filed 4-11-40

**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 John N. Meyer

Licensed Embalmer No. 3730

P. O. Address Brunswick, Md.

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.