

Registration District No. 657

Primary Registration District No. 5874

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Perry
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(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 81 Years
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME Kathorine Oberndorfer

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 Joseph Oberndorfer 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Aug. 15 1850
(Month) (Day) (Year)

8. AGE: Years 89 Months 9 Days 21 If less than one day _____ hr. _____ min.

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

10. Usual occupation House Wife

11. Industry or business _____

12. Name Unkown

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

14. Maiden name Unkown

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

16. (a) Informant's own signature Edmund Franke

(b) Address Frohna, Mo.

17. (a) Burial (b) Date thereof June 10 19
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Frohna Mo.

18. (a) Signature of funeral director Young & Sons.

(b) Address Perryville Mo.

19. (a) 6-10-1940 (b) Adolph G. Schmidt
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6
year 1940 hour 7 minute P.M.

21. I hereby certify that I attended the deceased from July 1st, 1940 to June 6, 1940
that I last saw her alive on June 4, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis

Due to _____

Due to 47

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy no

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following: no

(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? Yes

(Specify type of place) _____
While at work _____ (e) Means of injury _____

23. Signature E. A. Palisch (M. D. or other) _____

Address Frohna, Mo. Date signed _____

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

Rev. 6-17-39 I 118511

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.

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.....

Edward C. Young

Licensed Embalmer No. *2135*

P. O. Address. *Demerville, 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.