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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JUL 15 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22697

Registration District No. 761 Primary Registration District No. 4456 Registrar's No. 28

1. PLACE OF DEATH:

(a) County St. Clair

(b) City or town Appleton City, Mo.
(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 74 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Clair

(c) City or town Appleton City Mo.
(If outside city or town limits write "RURAL")

(d) Street No. 344 - East 3rd.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Tena Vordenfeld 635

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Louis Vordenfeld Age of husband or wife if alive years

7. Birth date of deceased Aug (Month) 17 (Day) 1862 (Year)

8. AGE: Years 77 Months 10 Days 2 If less than one day hr. min.

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

10. Usual occupation House wife

11. Industry or business

FATHER
12. Name Fred Tane
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Walthamatt
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Katie Wafel
(b) Address Appleton City

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 (Month) 21 (Day) 1940 (Year)
(c) Place: burial or cremation Appleton City

18. (a) Signature of funeral director Oscar Eckhoff
(b) Address Appleton City, Mo.

19. (a) 6-21-1940 (Date received local registrar) (b) Chas. Abney (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19 year 1940 hour minute M.

21. I hereby certify that I attended the deceased from April 14, 1940, to June 19, 1940 that I last saw her alive on June 18, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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? 8 3/6 (Specify type of place)
While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other) MD
Address Appleton City, Mo. Date signed 6-21-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 7-40-1009
Date Filed 7-9-40

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 Oscar Eckhoff

Licensed Embalmer No. 3942

P. O. Address Appleton City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.