

MAILED AUG 26 1940

SEP 19 1940

1. PLACE OF DEATH:
(a) County Cooper
(b) City or town Boonville, Missouri
(c) Name of hospital or institution:
Maria Bechtold SanFe Trail Road
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 62 Years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs. Maria Bechtold 234
3. (b) If veteran, name war No
3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Deceased 6. (c) Age of husband or wife if alive Deceased

7. Birth date of deceased July 24, 1855
(Month) (Day) (Year)

8. AGE: Years 85 Months 0 Days 25 If less than one day hr. min.

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

10. Usual occupation Housekeeper

11. Industry or business Self

12. Name Mr. Huffman
18. Birthplace Unknown
(City, town, or county) (State or foreign country)

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

16. (a) Informant's own signature Y Mrs Rose Oswald

(b) Address SanFe Trail Road Boonville,

17. (a) Burial (b) Date thereof Aug 21, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SS. Peter & Paul

18. (a) Signature of funeral director L. J. Mentel

(b) Address Boonville Mo.

19. (a) 8-19-40 (b) De Cooper
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cooper
(c) City or town Boonville, Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. SanFe Trail Road
(If rural, give location)
(e) If foreign born, how long in U. S. A? 62 Years years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 18th. day Aug.
year 1940 hour 9.30 minute P. M.

21. I hereby certify that I attended the deceased from Aug 7
1940, to Aug 18, 1940.
that I last saw her alive on Aug 18, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage (apoplexy) 5 days
Due to General Arteriosclerosis unknown

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

Major findings:
Of operations _____
Of autopsy _____

Duration
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? 117

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

23. Signature J.C. Fincher (M. D. or other) MD
Address Boonville Mo Date signed Aug 19 1940

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.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 04-01-6

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 Carl W. Hause
Licensed Embalmer No. 3955
P. O. Address Bronville, O

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.