

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

38657

State File No. _____

Registration District No. 292

Primary Registration District No. 5-410

Registrar's No. 31

1. PLACE OF DEATH:

(a) County Franklin

(b) City or town Rural Boone township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community all her life years, months or days

3. (a) PRINT FULL NAME MRS. MARY PRUESSNER

(b) If veteran, name war none

(c) Social Security No. none

4. Sex FEMALE

5. Color or race W

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

(b) Name of husband or wife HENRY PRUESSNER

(c) Age of husband or wife if alive 16 years (Day) (Year) 1868

7. Birth date of deceased April 16 1868 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>72</u>	<u>7</u>	<u>17</u>	hr. _____ min. _____

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

10. Usual occupation Home Wfs.

11. Industry or business _____

MOTHER FATHER {

12. Name Irish Feltsman

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

14. Maiden name Bethman

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

16. (a) Informant Martin Pruessner

(b) Address New Haven Mo

17. (a) Burial (b) Date thereof 12-6-40 (Month) (Day) (Year)

(c) Place: burial or cremation St. Marys Cem New Haven Mo

18. (a) Signature of funeral director John Hertzog, Sr.

(b) Address New Haven Mo

19. (a) Dec 6-40 (b) Jeffie Grauman (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 0 (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 3rd year 1940 hour 9 minute 00 P.M.

21. I hereby certify that I attended the deceased from January 29, 1939, to Dec 3rd, 1940, that I last saw her alive on Dec 3rd, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia secondary

Due to Paralysis agitans the cause of which is not known

Due to _____

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

Duration 12 days

about 10 yrs.

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: _____

Of operations _____

Of autopsy _____

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? _____

While at work _____ (Specify type of place)

(e) Means of injury _____

23. Signature B.P. Usermann (M. D. or other) M.D.

Address New Haven, Mo. Date signed 12/5/40

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

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed Earl Fertig

Licensed Embalmer No. 3385

P. O. Address Yonkers, N.Y.

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.