

No. 2
-13-40
17-39

JAN 8 1941
Registration District No. **157**

Primary Registration District No. **5874**

Registrar's No. **17**

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

1. PLACE OF DEATH:

(a) County **Perry, Co Mo.**
(b) City or town **Altenberg 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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Perry**
(c) City or town **(Rural) Altenberg, Bryan Twp.**
(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 **Margret Ann Hecht**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced _____

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

7. Birth date of deceased **July 19 37**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	3	5	1	hr. min.

9. Birthplace **Perry, Co Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name **Martin B. Hecht**

13. Birthplace **Perry, Co Mo.**
(City, town, or county) (State or foreign country)

14. Maiden name **Clara Weseloh**

15. Birthplace **Jacob Ill.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Martin B. Hecht**

(b) Address **Altenberg Mo.**

17. (a) **Burial** (b) Date thereof **Dec 22 40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Altenberg, Mo.**

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

(b) Address **Perryville, Mo.**

19. (a) **12-21-1940** (b) **Adolph S. Schmidt**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **20th** day **December**
year **1940** hour **11** minute **40 A.M.**

21. I hereby certify that I attended the deceased from **November twenty-eight**, 19**40** to **December 20th**, 19**40**, that I last saw him alive on **December 20th**, 19**40**, and that death occurred on the date and hour stated above.

Immediate cause of death **Nephritis, Acute**

Due to **Extensive burn of skin (more than 1/2 body area)**

Due to **healding**

Other conditions (Include pregnancy within 3 months of death) **151**

Major findings: Of operations **15**

Of autopsy _____

Duration
3 wks
3 wks
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) **Accident**

(b) Date of occurrence **November 20th 1940**

(c) Where did injury occur? **Bryan township, Perry Missouri**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
59 home

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

23. Signature **Theodore Fischer** (M. D. or other) **M.D.**
Address **Altenberg, Mo.** Date signed **12/21/40**

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 *Wallace Young*.....

Licensed Embalmer No. *4027*.....

P. O. Address *Perryville*.....

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, fact should be so stated above.