

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. **169**

Primary Registration District No. **4098**

Registrar's No. **4**

1. PLACE OF DEATH:
(a) County Chariton
(b) City or town Brunswick
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(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 Chariton
(c) City or town Brunswick
(If outside city or town limit, write "RURAL") 0
(d) Street No. _____ (If rural, give location) 0
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME THERESE A. EHRETT
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 6
year 1941 hour 2 minute 30 A. M.

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

21. I hereby certify that I attended the deceased from Jan 1
1941 to Jan 6 1941;
that I last saw her alive on January 4 1941;
and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 1870
(Month) (Day) (Year)

Immediate cause of death Diabetes Mellitus 1 yr
Duration _____

8. AGE: Years 70 Months 10 Days 2 If less than one day _____ hr. _____ min.

Due to _____
Due to _____

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

Other conditions Bronchitis 3 wks
(Include pregnancy within 3 months of death)

10. Usual occupation Housewife

11. Industry or business _____

Major findings:
Of operations none
Of autopsy none
PHYSICIAN
Underline the cause to which death should be charged statistically.

MOTHER FATHER
12. Name Francis Ehrett
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Theresa Wastle
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Roy Hanna
(b) Address Brunswick Mo

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? _____

17. (a) Burial (b) Date thereof 1-7-1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Trinity Mo

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

18. (a) Signature of funeral director L. W. Hessel
(b) Address Brunswick Mo

23. Signature Harry E. Tatum (M. D. or other) D
Address Brunswick Mo Date signed 1/6/41

19. (a) 1/7/41 (b) Harry E. Tatum
(Date received local registrar) (Registrar's signature)

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

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 8-10-41

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 L. W. Keiser
Licensed Embalmer No. 823
P. O. Address Brunswick, Ga.

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.