

FILED MAR 14 1941 / 69

Registration District No. _____

Primary Registration District No. 5235

Registrar's No. 9

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

1. PLACE OF DEATH:

(a) County Chariton
(b) City or town Brunswick
(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 Chariton
(c) City or town Brunswick
(d) Street No. 9 miles North East of Brunswick
(e) If foreign born, how long in U. S. A.? 530 years

3. (a) PRINT FULL NAME ANNIE M REHLING

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

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

6. (b) Name of husband or wife William Rehling 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased Sept 3 1873
(Month) (Day) (Year)

8. AGE: Years 67 Months 5 Days 10 If less than one day hr. _____ min. _____

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

10. Usual occupation _____

11. Industry or business _____

12. Name Fred Brockman

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

14. Maiden name Henrietta Schreder

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

16. (a) Informant William Rehling

(b) Address Brunswick, Mo.

17. (a) Burial (b) Date thereof Feb. 15, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Indian Grove Mo.

18. (a) Signature of funeral director John H. Meyer

(b) Address _____

19. (a) Feb 14 / 41 (b) Harry E. Tatum
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 13th
year 1941 hour 2 minute 45 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Probably Coronary Thrombosis

Due to diagnosis made from history of case

Due to no attending physician

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Called as coroner
Of operations: plied before physician arrived

Of autopsy None

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no

(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?
150
While at work? _____ (Specify type of place) (e) Means of injury fall

23. Signature Harry E. Tatum (M. D. or other) MD.
Address Brunswick Mo. Date signed 2/13/41

Duration

Instant

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed: 3-13-41

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 John H. Meyer
Licensed Embalmer No. 3730
P. O. Address Brunswick, Me

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.