

Registration District No. **571**

Primary Registration District No. **5769**

Registrar's No. **19**

1. PLACE OF DEATH:

(a) County **Moniteau**  
(b) City or town **McGirk, Mo** **Walker**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **1 - 21 11-23**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **12 Yrs**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Moniteau**  
(c) City or town **McGirk, Mo.**  
(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.? **0** years.

3. (a) PRINT FULL NAME **Tresa Louise Ernst**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. **No**

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

6. (b) Name of husband or wife **Otto W. Ernst** 6. (c) Age of husband or wife if alive **50** years

7. Birth date of deceased **Oct 24 1895**  
(Month) (Day) (Year)

8. AGE: Years **45** Months **5** Days **22** If less than one day hr. \_\_\_\_\_ min.

9. Birthplace **Cole County Mo U**  
(City, town, or county) (State or foreign country)

10. Usual occupation **House Wife**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **William Reichel**  
13. Birthplace **Moniteau county Mo U**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Anna M. Schatzer**  
15. Birthplace **Moniteau county Mo U**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Otto W. Ernst**

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

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

(c) Place: burial or cremation **Salem Cent HOME**

18. (a) Signature of funeral director **Bowlin Funeral**

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

19. (a) **4-17-41** (b) **T.R. Popejoy**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **15** year **1941** hour **9** minute **30** A.M.

21. I hereby certify that I attended the deceased from **Dead** when first seen **when first seen**, 19\_\_\_\_, that I last saw \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage**

Due to **Hypertensive vascular disease**

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) **§ 311**

Major findings: Of operations \_\_\_\_\_ Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_  
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) \_\_\_\_\_  
(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? **504**

(Specify type of place) \_\_\_\_\_ (Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_  
(a) Means of injury **3**

23. Signature **Kernon Latham** (M. D. or other) **Lawner**  
Address **California, Mo** Date signed **4/17/41**

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.....

....., Registered Apprentice No.....

..... working under my personal supervision.

Signed.....

*Earl R. Broun*

Licensed Embalmer No.....

*2126*

P. O. Address.....

*California, Pa*

**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.**