

FILLED NOV 17 1941  
Registration District No. 169

Primary Registration District No. 4098

State File No. \_\_\_\_\_  
Registrar's No. 34

1. PLACE OF DEATH: Chariton  
(a) County \_\_\_\_\_  
(b) City or town Brunswick, Mo.  
(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)

3. (a) PRINT FULL NAME MARY MORTIMEYER.  
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 Widow  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased November 9th, 1854  
(Month) (Day) (Year)

8. AGE: Years <u>86</u>	Months <u>11</u>	Days <u>8</u>	If less than one day hr. _____ min. _____
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9. Birthplace Brunswick, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home Housework

11. Industry or business \_\_\_\_\_  
12. Name Fredeline Meyer  
13. Birthplace Germany 4  
Christine Hagen (State or foreign country)  
14. Maiden name Germany, 4  
15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant Oscar Mortimeyer  
(b) Address Brunswick, Mo.

17. (a) Burial (b) Date thereof 10--20-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Brunswick, Mo.

18. (a) Signature of funeral director L. Meissel  
(b) Address Brunswick, Mo.

19. (a) Oct 19, 1941 (b) Harry E. Satum  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 21  
(a) State Missouri (b) County Chariton  
(c) City or town Brunswick.  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location) 0  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month October day 17th.  
year 1941 hour 10 minute 50 P. M.

21. I hereby certify that I attended the deceased from 9-10-41  
1941 to 10-17-41, 1941  
that I last saw her alive on 10-17-41, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death <u>Cerebral hemorrhage</u>	Duration <u>1 month</u>
Due to <u>Arteriosclerosis</u>	<u>5 yrs</u>
Due to <u>Hypertension</u>	<u>10 yrs</u>
Other conditions (Include pregnancy within 3 months of death) <u>830</u>	

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

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_  
23. Signature W. H. Stuart, M.D. (M. D. or other)  
Address Brunswick Date signed 10-29-41

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

DEC 10 1953

RECEIVED  
District Health Officer No. 8,  
District File Number  
11-12-41  
Date Filed

**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. Hensel*

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.**