

FILLED NOV 17 1941
Registration District No. 274

Primary Registration District No. 5309

Registrar's No. 13

1. PLACE OF DEATH:

(a) County COOPER
(b) City or town NORTH MONTEAU Twp
(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
In this community LIFE TIME (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County COOPER
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 5
year 1941 hour minute 2:29 P.M.
21. I hereby certify that I attended the deceased from DEC 22 to 10-3 1941
that I last saw her alive on 10 2 1941
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage
Duration 8 1/2 hr

Due to: Arterio Sclerosis
Duration 3 1/2

Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations: 430
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: A. L. Wurdich M. D. or other
Address: Prairie Home Mo Date signed: 10-6-41

3. (a) PRINT FULL NAME: EMMA MAGDOLINE EYNST
3. (b) If veteran, name war
3. (c) Social Security No.

5. Color or race: FEMALE WHITE
6. (a) Single, widowed, married, divorced: WIDOWED

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

7. Birth date of deceased: 4 5 1882
(Month) (Day) (Year)

8. AGE: Years 59 Months 6 Days
If less than one day hr. min.

9. Birthplace: MISSOURY
(City, town, or county) (State or foreign country)

10. Usual occupation: HOUSEWIFE

11. Industry or business:

12. Name: HENRY DICK

13. Birthplace: MISSOURY
(City, town, or county) (State or foreign country)

14. Maiden name: FREDERICKA GYIESEBACH
(City, town, or county) (State or foreign country)

15. Birthplace: MISSOURY
(City, town, or county) (State or foreign country)

16. (a) Informant: CARY EYNST

(b) Address: PRAIRIE HOME MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: 10-6-41
(Month) (Day) (Year)

(c) Place: burial or cremation: EVAN MONTEAU COUNTY

18. (a) Signature of funeral director: C. ALBERT HORNBECK

(b) Address: PRAIRIE HOME MO
19. (a) 10-6-41 (Date received local registrar) (b) A. L. Wurdich (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 8

District File Number _____

Date Filed 11-13-41

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 C. ALBERT HOYNECK

Licensed Embalmer No. 2714

P. O. Address PRALIE HOME MO

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.