

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 14 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35524
Registrar's No. 36

Registration District No. 556

Primary Registration District No. 4328

1. PLACE OF DEATH:

(a) County Mercer
(b) City or town Princeton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Axtell Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day Hoap.
(Specify whether years, months or days)
In this community 1 day

3. (a) PRINT FULL NAME Flora Brendt

3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Stephen Brendt 6. (c) Age of husband or wife if alive 29 years
7. Birth date of deceased Feb. 5 1913
(Month) (Day) (Year)

8. AGE: Years 28 Months 7 Days 13 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Squire Bate Ragan
13. Birthplace Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Rosa Bloom
15. Birthplace Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Wanda Hollinger
(b) Address Lineville Iowa
17. (a) Burial (b) Date thereof 9/20/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Moore Cemetery

18. (a) Signature of funeral director C. O. Gumbel
(b) Address Lineville Iowa

19. (a) 10/1-41 (b) J. M. Perry
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Mercer
(c) City or town Mercer 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 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. 18 day ten P. M.
year 1941 hour ten minute

21. I hereby certify that I attended the deceased from March 22
1941 to Sept. 18 1941
that I last saw her alive on Sept. 18 1941
and that death occurred on the date and hour stated above.

Immediate cause of death toxemia of pregnancy Duration 4 days

Due to albuminaria and high blood pressure 4 days

Due to delivery fullterm babe 44 hours before death

Other conditions 1442
(Include pregnancy within 3 months of death)

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) (c) Means of injury 2

23. Signature Byron J. Axtell D.O.
Address Princeton, Mo. Date signed 9/23/41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{not} embalmed by me, or by _____, Registered Apprentice No. _____, working under my personal supervision.

Signed

Amos Grunlee

Licensed Embalmer No.

3967

P. O. Address

Mercer 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.