

FILED APR 22 1942

Registration District No. _____

Primary Registration District No. 5424

Registrar's No. _____

1. PLACE OF DEATH:

(a) County GASCONADE
(b) City or town RURAL BUEHFF TWP
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Residence
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No
In this community entire life (Specify whether years, months or days)

3. (a) PRINT FULL NAME ROSALIE BADE

3. (b) If veteran, name war no 3. (c) Social Security No. none
4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife — 6. (c) Age of husband or wife if alive — years
7. Birth date of deceased JANUARY 19 1863
(Month) (Day) (Year)

8. AGE: Years 79 Months 29 Days 3 If less than one day
hr. min.

9. Birthplace B.W. 183 Mo D
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name JACOB BEHNEDER 5
13. Birthplace SWITZERLAND 5
(City, town, or county) (State or foreign country)
14. Maiden name MARGARET MEYER
15. Birthplace SWITZERLAND 5
(City, town, or county) (State or foreign country)

16. (a) Informant JOHN BADE
(b) Address Bergen Mo

17. (a) BERGER MO (b) Date thereof MAR 25-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation EVANG ST JOHN'S

18. (a) Signature of funeral director HERMAN BLUMBERG
(b) Address BERGER MO

19. (a) 3-24-42 (b) Mrs. F. B. Meyer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County GASCONADE 037
(c) City or town RURAL - Boone 0
(If outside city or town limits, write "RURAL")
(d) Street No. P (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country U

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 22
year 1942 hour 8-30 minute P M.

21. I hereby certify that I attended the deceased from about
Dec. 11 1940 to Mar. 22 1942
that I last saw him alive on Mar. 20 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Abdominal tumor supposed to be cancer 2 1/2
arteriosclerosis and
Due to — over
Due to —

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

Major findings: no operation
Of operations —
Of autopsy none

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 D

23. Signature John Engelbrecht (M. D. or other) —
Address Stanghilly Mo. Date signed 3-24-42

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

Hermon Blinner

Licensed Embalmer No. *528*

P. O. Address

Bugby, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10722

Registration District No. 306

Primary Registration District No. 5424

Registrar's No.

1. PLACE OF DEATH:

- (a) County Gasconade
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(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)

3. (a) PRINT
FULL NAMERosalie Bade

3. (b) If veteran,
name war.....

3. (c) Social Security
No.....

4. Sex M 5. Color or race W 6. (a) Single, widowed, married,
divorced.....

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

7. Birth date of deceased Jan 19 1863
(Month) (Day) (Year)

8. AGE: Years 79 Months 3 Days 5 If less than one day..... min.

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

10. Usual occupation.....

11. Industry or business.....

12. Name.....
13. Birthplace..... (City, town, or county) (State or foreign country)

14. Maiden name.....

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

16. (a) Informant.....

- (b) Address.....

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

- (c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

- (b) Address.....

19. (a)..... (b).....
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State..... (b) County.....

- (c) City or town.....
(If outside city or town limits, write "RURAL")

- (d) Street No.....
(If rural, give location)

- (e) Citizen of foreign country?..... (Yes or No)

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... day.....
year..... hour..... minute..... M.

21. I hereby certify that I attended the deceased from.....
19.....; that I last saw him..... alive on....., 19.....;
and that death occurred on the date and hour stated above.
Immediate cause of death.....

Duration

- Artero-sclerosis
Due to.....
primarily heart, to my diagnosis,
Due to..... was the lines.

- Other conditions.....
(Include pregnancy within 3 months of death)

- Major findings:
Of operations.....

- Of autopsy.....

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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.....

23. Signature John Engelbrecht (M. D. ~~noted~~)

- Address Stony Hill Mo Date signed 5-2-42

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

S-10722 1942