

Registration District No. 875

Primary Registration District No. 3039

Registrar's No. 109

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Nevada
(c) Name of hospital or institution #14 S. West St - 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 30 yr.
In this community 30 yr.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo - (b) County Vernon
(c) City or town Nevada, Mo - 108
(d) Street No. 414 S. West St. 2
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Bertha R. Werksheuer
(b) If veteran, name war no -
(c) Social Security No. no.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1st
year 1942 hour a minute M.
21. I hereby certify that I attended the deceased from August 24
1942 to May 1st, 1942
that I last saw him alive on April 22, 1942
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Adler C. Werksheuer 6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased June 2, 1862
(Month) (Day) (Year)

Immediate cause of death Acute myocardial failure
Duration

8. AGE: Years 79 Months 11 Days 16
If less than one day hr. min.

Due to Hypertensive and probable coronary disease
Due to

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

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation House wife

Major findings: Of operations 93

MOTHER FATHER

11. Industry or business
12. Name William Rudloff
13. Birthplace Say town Germany
(City, town, or county) (State or foreign country)
14. Maiden name Unknown Germany
15. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

4 Of autopsy
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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

16. (a) Informant Thomas F. Rudloff
(b) Address Okla. City, Okla.
17. (a) Burial (b) Date thereof 5/20/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(Specify type of place)
While at work? (c) Means of injury
23. Signature J. W. ... (M. D. or other)
Address Wada ... Date signed 5/15/42

(c) Place: burial or cremation Newton Funeral Home
18. (a) Signature of funeral director Mark ...
(b) Address Nevada, Mo.
19. (a) May 20, 1942 (b) Cal ...
(Date received local registrar) (Registrar's signature)

1231 (Licensed Embalmer's Statement on Reverse Side)

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

109
2

RECEIVED

District Health Officer No. 7,

District File Number 6-42-608

Date Filed 6-9-42

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

Mark Leikinger

Licensed Embalmer No.

2656

P. O. Address

Nevada, 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.