

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **21151**

FILED JUL 23 1942

Registration District No. **991**

Primary Registration District No. **5419**

Registrar's No. **1**

1. PLACE OF DEATH:

(a) County **GASCONADE**
(b) City or town **RURAL THIRD CREEK**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
BLAND ROUTE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. **44 YRS.** (Specify whether years, months or days)
In this community **44 YRS.**

3. (a) PRINT FULL NAME **ELIZABETH MARY BIERE**

3. (b) If veteran, **L** name war. 3. (c) Social Security No. **L**

4. Sex **FEMALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced. **MARRIED**
6. (b) Name of husband or wife. **H. F. BIERE** 6. (c) Age of husband or wife if alive. **73** years
7. Birth date of deceased. **MARCH 11 1872**
(Month) (Day) (Year)

8. AGE: Years **70** Months **3** Days **22** If less than one day hr. min.

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

10. Usual occupation **HOOSEWORK**

11. Industry or business

MOTHER FATHER { 12. Name **PETER KRAENOW**
13. Birthplace **HANDWER GERMANY**
(City, town, or county) (State or foreign country)
14. Maiden name **SOPHIA THAAK**
15. Birthplace **HANDWER GERMANY**
(City, town, or county) (State or foreign country)

16. (a) Informant **VICTOR BIERE**
(b) Address **BLAND ROUTE**
17. (a) **BURIAL** (Burial, cremation, or removal) (b) Date thereof **JULY 6 1942**
(Month) (Day) (Year)
(c) Place: burial or cremation **OLD BLAND CEM.**

18. (a) Signature of funeral director **W. F. Hattenstaedt**
(b) Address **Quinsville Mo.**
19. (a) **July 7 1942** (b) **Myrtle M. Winkler**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **JULY** day **3**
year **1942** hour **9** minute **A.** M.

21. I hereby certify that I attended the deceased from **June 23 1942** to **July 3 1942**
that I last saw her alive on **July 3 1942**
and that death occurred on the date and hour stated above.

Immediate cause of death. **Basal Infection**
Due to **not known**

Other conditions. **120 a**
(Include pregnancy within 3 months of death)

Major findings: **120 a**
Of operations. **PHYSICIAN**
Of autopsy. 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 **Ed Bunge M.D.** (M.D. or other)
Address **Blaird Mo** Date signed **7-5-42**

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 Me
..... Registered Apprentice No.
working under my personal supervision.

Signed

Merford H. Winters

Licensed Embalmer No.

3838

P. O. Address

Owensville, 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.