

FILED JAN 13 1942 73

Registration District No.

Primary Registration District No.

5918

79

1. PLACE OF DEATH:

(a) County Perry  
(b) City or town Rural Selam  
(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. (Specify whether)  
In this community 53-2-16  
years, months or days

3. (a) PRINT FULL NAME Lina Verseman

3. (b) If veteran, name war. 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 Joseph Verseman 6. (c) Age of husband or wife if alive years 1889  
7. Birth date of deceased October 1 1889  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
53 2 16 hr. min.

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

10. Usual occupation House Wife

11. Industry or business

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

14. Maiden name Hesse  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Oliver Verseman

(b) Address Farrar Mo.

17. (a) Burial (b) Date thereof Dec. 23 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Farrar Mo.

18. (a) Signature of funeral director Young & Sons

(b) Address Perryville Mo.

19. (a) 12/28/42 (b) O. B. Greener  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry  
(c) City or town Rural  
(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 Dec. day 17  
year 1942 hour 7 minute A M.

21. I hereby certify that I attended the deceased from Sept 9th 1941 to Dec. 17th 1942  
that I last saw her alive on Dec. 17 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration

Due to Arterial Hypertension 2 yrs

Due to Atherosclerosis 2 yrs

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 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?

(Specify type of force) While at work? (e) Means of injury

23. Signature Theodore Fischer (M. D. or other) M. D.

Address St. Louis, Mo. Date signed 12-17-42

RECEIVED

District Health Officer No. 4  
District File Number 143-16.33  
Date Filed 1-11-43

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.....

Licensed Embalmer No. 2138

P. O. Address.....

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.