

S. No. 2
M-9-4-41
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED FEB 13 1943
Registration District No. 63

Primary Registration District No. 3031

Registrar's No. 5

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

1. PLACE OF DEATH:
(a) County Jefferson
(b) City or town DeSoto
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
114 East Second
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether)
In this community 50 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jefferson
(c) City or town DeSoto
(If outside city or town limits, write "RURAL")
(d) Street No. 114 E. Second
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME BERTHA D. FALKSDORF

MEDICAL CERTIFICATION

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

20. DATE OF DEATH: Month Jan/ day 14
year 1943 hour 10 minute 30 M.

4. Sex female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Herman Falksdorf 6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased July 10, 1884
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 4th, 1943, to Jan 14, 1943
that I last saw her alive on Jan 14, 1943
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
58 6 4 hr. min.

Immediate cause of death Edema of Lungs Duration 3 wks

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

Due to Influenza Pneumonia

10. Usual occupation Housewife

Due to Senility

11. Industry or business

Other conditions (Include pregnancy within 3 months of death)

MOTHER FATHER
12. Name Herman Meyer
13. Birthplace Hanover Germany
(City, town, or county) (State or foreign country)
14. Maiden name Anna Cordes
15. Birthplace Hassel Germany
(City, town, or county) (State or foreign country)

Major findings: Of operations h2w
Of autopsy

16. (a) Informant A. Falksdorf
(b) Address DeSoto - Mo
17. (a) Burial (b) Date thereof Jan. 17, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Jarvis, Mo.

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?

18. (a) Signature of funeral director Lee Mothershead
(b) Address DeSoto, Mo.
19. (a) 1-15-43 (b) Fern Spencer
(Date received local registrar) (Registrar's signature)

While at work? (Specify type of place)
23. Signature G. E. Elders (M. D. or other) 7AD
Address DeSoto Mo Date signed 1/15/43

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(Licensed Embalmer's Statement on Reverse Side)

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.....

John Motherhead

Licensed Embalmer No.....

3531

P. O. Address.....

Lesoto M

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.