

**FILED MAR 21 1943**  
Registration District No. 21942

Primary Registration District No. 3056

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

1. PLACE OF DEATH:

(a) County Randolph  
(b) City or town Moberly  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
912 Bond St. /  
(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) 9 mo (Specify whether

3. (a) PRINT FULL NAME Hena Schrepel

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

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 June 23<sup>rd</sup> 1871  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
71 7 26 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation At home

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Henry Hering

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

14. Maiden name Fredericka Mier

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

16. (a) Informant Mrs. Fred Mohr

(b) Address Moberly, Mo

17. (a) \_\_\_\_\_ (b) Date thereof Feb 21<sup>st</sup> 1943  
(Date of cremation or removal) (Month) (Day) (Year)

(c) Place: burial St. Louis, Mo

18. (a) Signature of funeral director Mahan and Son

(b) Address Moberly, Mo

19. (a) 2-21-43 (b) Jenna Hesse  
(Date registered local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph  
(c) City or town Moberly  
(If outside city or town limits, write "RURAL")  
(d) Street No. 912 Bond St  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 19<sup>th</sup>  
year 1943 hour \_\_\_\_\_ 12 minute 15 P.M.

21. I hereby certify that I attended the deceased from Jan 1, 1943, to Feb 19, 1943  
that I last saw her alive on Feb 19 1943, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis -  
Ch. Brights disease

Due to \_\_\_\_\_  
Other conditions none  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_ 121K  
Of operations \_\_\_\_\_  
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? \_\_\_\_\_ (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 M. P. Holand (M. D. \_\_\_\_\_)  
Address Moberly, Mo Date signed Feb 21 1943

MAR 8 1943

---

---

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 *Frank W. DeWitt*.....

Licensed Embalmer No. *3021*.....

P. O. Address *Moberly 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.**