

FILED MAY 7 1943 73

Primary Registration District No. 3014

1. PLACE OF DEATH:

(a) County Liberty  
 (b) City or town Liberty  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Home  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 27 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay  
 (c) City or town Liberty  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 449 East Kansas  
 (If rural, give location)  
 (e) Citizen of foreign country?  (Yes or No)  
 If yes, name country USA

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24  
 year 1943 hour 10 minute 30 A.M.  
 21. I hereby certify that I attended the deceased from Mar 2 1941 to Apr 24 1943  
 that I last saw him alive on Apr 24 1943  
 and that death occurred on the date and hour stated above.

Immediate cause of death General Arteriosclerosis 2 yrs  
 Duration 2 yrs

Due to 97  
 Due to 97  
 Other conditions (Include pregnancy within 3 months of death)

Major findings:  
 Of operations 97  
 Of autopsy 97

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) 97  
 (b) Date of occurrence 97  
 (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 Burton Maltby (M. D. or other) M.D.  
 Address Liberty Mo Date signed 4-25-43

3. (a) PRINT FULL NAME William W. DRECKENRIDGE

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Bertha Bredemeyer 6. (c) Age of husband or wife if alive 2 years

7. Birth date of deceased Sept 10 - 1859  
 (Month) (Day) (Year)

8. AGE: Years 83 Months 7 Days 19 If less than one day hr min.

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

10. Usual occupation Retired Stock Trader

11. Industry or business

12. Name Adam W. Bredemeyer

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

14. Maiden name Bertha

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

16. (a) Informant Kate Bredemeyer

(b) Address 449 E. Kansas Liberty Mo

17. (a) Burial (b) Date thereof Apr 25 1943  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Plattsburg Mo

18. (a) Signature of funeral director Charles L. Fisher Co

(b) Address Liberty Mo

19. (a) April 26 1943 (b) Delores Early  
 (Date received local registrar) (Registrar's signature)

9-26 (Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed ~~4-26~~ \_\_\_\_\_

5-5-43

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 Edgar Archer. \_\_\_\_\_

Licensed Embalmer No. 3311

P. O. Address Liberty, 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.