. S. No. 2
0M—2-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 7 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24902

Registration District No. 718 | Primary Registration District No. 5440 | Registrar's No. 48

1. PLACE OF DEATH:
(a) County: Gasconade
(b) City or town: Rural Clay Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(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) 50 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Gasconade
(c) City or town: Rural Clay Township
(If outside city or town limits, write "RURAL")
(d) Street No.: Bland, Mo. Route # 1
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Bertha Wilhelmina Strack
3. (b) If veteran, name war: NONE
3. (c) Social Security No.: NONE

4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Fred Strack
6. (c) Age of husband or wife if alive: 77 years
7. Birth date of deceased: September (Month) 21 (Day) 1867 (Year)

8. AGE: Years 77 | Months 10 | Days 3 | If less than one day ..... hr. ..... min.

9. Birthplace: Union (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: House Wife
11. Industry or business:
FATHER 12. Name: Christ Wiemann
13. Birthplace: Germany (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Ameila Kreter
15. Birthplace: Germany (City, town, or county) (State or foreign country)
16. (a) Informant: Fred Strack
(b) Address: BLAND, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7-27-43 (Month) (Day) (Year)
(c) Place: burial or cremation: Howard Cemetery BLAND, Mo.
18. (a) Signature of funeral director: W.F. Gottenstreter
(b) Address: Owensville Mo
19. (a) July 27, 1943 (Date received local registrar) (b) Myrtle M. Wenkel (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24 year 1943 hour 11 minute P M.
21. I hereby certify that I attended the deceased from Jan 1, 1940 to July 24 1943 that I last saw alive on July 15 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Endocarditis — Duration 3 yrs
Due to:
Due to:
Other conditions: asthma Liver trouble
(Include pregnancy within 3 months of death)
Major findings:
Of operations: 92d
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 place)
While at work? (e) Means of injury:
23. Signature: E A Bunge (M. D. or other)
Address: Bland Mo Date signed: 7-28-43

1261 (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 me

....., Registered Apprentice No.....,

working under my personal supervision.

Signed W.F. Gattenstroeter

Licensed Embalmer No. 1444

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.