

No. 2
9-4-41
5-17-35
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

27614

State File No.

FILED SEP 9 1943 24

Registration District No.

Primary Registration District No. 4035

Registrar's No.

1. PLACE OF DEATH:

(a) County Bates
(b) City or town Rockville, Mo.
(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 63 yr (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Bates
(c) City or town Rockville, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME ANNA HEGNANER

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

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife CHRIS HEGNANER 6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased Sept. 17 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 11 03 hr. min.

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

10. Usual occupation House wife

11. Industry or business

MOTHER FATHER { 12. Name Samuel WRTZ
13. Birthplace Switzerland
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace Switzerland
(City, town, or county) (State or foreign country)

16. (a) Informant A. B. Hegnaner
(b) Address Canton Ohio
17. (a) Burial (b) Date thereof 9 22 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Braun city, Mo.

18. (a) Signature of funeral director Orson E. Colloff
(b) Address Apleton at Sun
19. (a) Aug 23 1943 (b) Mr. Wilbert Steiner
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 20 year 1943 hour 6 minute 30 P. M.
21. I hereby certify that I attended the deceased from Jan 1 1943 to Aug. 20 1943 that I last saw him alive on Aug. 20 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardiosia Duration 5 yrs
Due to Bright's Disease 5 yrs
Due to arteriosclerosis 10 yrs
Other conditions 131 f
(Include pregnancy within 3 months of death)

Major findings: Of operations none performed
Of autopsy none performed
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?
While at work?..... (Specify type of place) (e) Means of injury.....
23. Signature M. D. Bjerke (M. D. or other) D.O.
Address Rockville, Mo. Date signed 8/22/43

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

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APR 16 1957

RECEIVED

District Health

Officer No. 7,

District File Number

8-43-914

Date Filed

9-8-43

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: *Oscar Eckhoff*

Licensed Embalmer No. *3442*

P. O. Address *Appleton City, Wis*

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.