

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

34646

State File No. _____

Registrar's No. 19

Registration District No. 119

Primary Registration District No. 4193

1. PLACE OF DEATH:
(a) County GASCONADE
(b) City or town HERMANN
(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)

3. (a) PRINT FULL NAME ADAM BENDER
3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex MALE 5. Color or Race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MATHILDA BENDER 6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased MAY 8 1866 (Month) (Day) (Year)

8. AGE: Years 77 Months 5 Days 16 If less than one day hr. _____ min.

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

10. Usual occupation BLACKSMITH

11. Industry or business MO. PAC. R.R.

12. Name ANDREW BENDER
13. Birthplace GERMANY (City, town, or county) (State or foreign country)
14. Maiden name JUNG
15. Birthplace GERMANY (City, town, or county) (State or foreign country)

16. (a) Informant MATHILDA BENDER
(b) Address HERMANN MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof OCT. 27 1943 (Month) (Day) (Year)
(c) Place: burial or cremation HERMANN

18. (a) Signature of funeral director Hermann Mo.
(b) Address Hermann Mo.

19. (a) Oct. 26, 1943 (b) A. H. Hedler (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County GASCONADE
(c) City or town HERMANN (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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT. day 24 year 1943 hour 8 minute 45 P.M.
21. I hereby certify that I attended the deceased from August 24, 1941, to October 24, 1943, that I last saw him alive on October 24, 1943, and that death occurred on the date and hour stated above.
Immediate cause of death hypostatic pneumonia

Duration 5 days

Due to Cerebral apoplexy 10/1/43

Due to Arteriosclerosis unknown

Other conditions 130 (Include pregnancy within 3 months of death)

Major findings: Of operations _____ Of autopsy _____
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)
23. Signature Hedler (M. D. or other) D.O.
Address Hermann, Mo. Date signed 10/24/43

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

MOTHER FATHER

1261

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 myself.

....., Registered Apprentice No.
working under my personal supervision.

Signed J. R. Ruediger
Licensed Embalmer No. 2044
P. O. Address Herrmann 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.