

FILED DEC 13 1943

Registration District No. **164**

Primary Registration District No. **3032**

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

1. PLACE OF DEATH:

(a) County **Johnson**

(b) City or town **Warrensburg**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
none 310 E. Gay St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **none**
(Specify whether years, months or days)

In this community **none**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Johnson**

(c) City or town **Warrensburg**
(If outside city or town limits, write "RURAL")

(d) Street No. **310, E. Gay.**
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME **Bertha Susan Achenbach**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **none**

4. Sex **Female** / race **White**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife **no**

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Feb. 28, 1871**
(Month) (Day) (Year)

8. AGE: Years **72** Months **8** Days **10** If less than one day _____ hr. _____ min.

9. Birthplace **Union Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housekeeper**

11. Industry or business _____

MOTHER FATHER { 12. Name **John Achenbach**

13. Birthplace **unknown Prusia**
(City, town, or county) (State or foreign country)

14. Maiden name **Susan Heeger**

15. Birthplace **unknown Bavaria**
(City, town, or county) (State or foreign country)

16. (a) Informant **Fred Achenbach**

(b) Address **Warrensburg, Mo.**

17. (a) **Burial** (b) Date thereof **Nov. 13, 43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sunset Hill Cem.**

18. (a) Signature of funeral director **Suzanne Phillips**

(b) Address **Warrensburg, Mo.**

19. (a) **Nov 12, 1943** (b) **Sela M. Williams**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **10** year **1943** hour **10** minute **30 P.M.**

21. I hereby certify that I attended the deceased from **11-9-43** to **11-10-43** and that death occurred on the date and hour stated above.

Immediate cause of death **Peritonitis perforation of stomach Ulew**

Duration **1 Day**

Other conditions (include pregnancy within 3 months of death) **117a**

Major findings: Of operations _____

Of autopsy **Perforation of Ulew of Stomach**

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? _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature **Rhee Cooper** (M. D. or other) _____

Address **Warrensburg, Mo.** Date signed **11-12-43**

RECEIVED
District Health Officer No. 8,
District File Number _____
Date Filed 12-10-43

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..... P. R. Phillips.....
Licensed Embalmer No. 2320.....
P. O. Address Warrensburg, 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.