

FILED DEC 11 1943

State File No. _____

Registration District No. 223

Primary Registration District No. 5808

Registrar's No. _____

1. PLACE OF DEATH:
(a) County Montgomery
(b) City or town Bellflower (Rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home - Bear Creek top
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether)
In this community 10 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Montgomery
Bellflower (Rural)
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Bear Creek township
4 mi south (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Alvena Hesterberg
3. (b) If veteran, name war None 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month NOV. day 3
year 1943 hour 1 minute A. M.
21. I hereby certify that I attended the deceased from June, 1941 19____ to date 19____;
that I last saw h. er alive on Nov. 2 1943
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Amil Alfred Hesterberg 6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased 11-1-1894
(Month) (Day) (Year)

Immediate cause of death Cerebral embolism Duration 11-3-

8. AGE: Years Months Days If less than one day
49 0 2 hr. _____ min.

Due to carcinoma of stomach
(primary)

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

Due to _____

10. Usual occupation Housewife

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

11. Industry or business General duties

Major findings: Of operations 46 lb

12. Name Maxman Sankner

Of autopsy _____

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

14. Maiden name Minnie Luckmann

15. Birthplace Warrenton Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Oscar Hesterberg
(b) Address Bellflower Mo R.F.D.

17. (a) Burial (b) Date thereof 11-5-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Warrenton Mo.
18. (a) Signature of funeral director Oland G. Jones
(b) Address Bellflower Mo
19. (a) 11-8-1943 (b) Lizzie Geynes
(Date received local registrar) (Registrar's signature)

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 A. Alan Rudalski (M. D. or other) No
Address Montgomery City, Mo. Date signed 11-4-

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

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..... *Oland G. Jones*.....

Licensed Embalmer No..... 2978.....

P. O. Address Bellflower 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.