

S. No. 2
M-2-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2763

State File No. _____

FILED FEB 1 1944

Registration District No. 113

Primary Registration District No. 5733

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town Union, Mo. Rural
(c) Name of hospital or institution: /
(d) Length of stay: In hospital or institution All Life
In this community All Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin
(c) City or town Union, Rural
(d) Street No. _____
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 23
year 1943 hour 12:50 minute _____ a.m.
21. I hereby certify that I attended the deceased from 12-23 to 12-23
that I last saw him alive on 12-23
and that death occurred on the date and hour stated above.

Immediate cause of death Senile arteriosclerosis
Myocarditis
Due to _____
Due to _____

Other conditions _____
Major findings: _____
Of operations _____
Of autopsy _____

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)
Means of injury _____
23. Signature J.M. Denny (M. D. or other) _____
Address 6210x 760 Date signed 12-24-43

3. (a) PRINT FULL NAME Frances Overschmidt
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed

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

7. Birth date of deceased January 22 1862
(Month) (Day) (Year)

8. AGE: Years 81 Months 11 Days 1 If less than one day hr. _____ min. _____

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

10. Usual occupation Retired House Keeper

11. Industry or business _____

MOTHER { 12. Name August Briedenbach
13. Birthplace Germany (City, town, or county) (State or foreign country)

14. Maiden name Pauline Meckenhein
15. Birthplace Dutzow, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Antonia Klenke
(b) Address Union, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 27 1943
(Month) (Day) (Year)
(c) Place: burial or cremation Union, Mo.

18. (a) Signature of funeral director W. H. Stone
(b) Address Union, Mo.

19. (a) 12-24-43 (Date received local registrar) (b) Conrad W. Peyer (Registrar's signature)

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

3600

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..... *W. H. How*

Licensed Embalmer No. *3175*

P. O. Address *Union 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.