

FILED MAY 8 1944

Registration District No. 119

Primary Registration District No. 5442

Registrar's No. 3

1. PLACE OF DEATH:

(a) County Sassaparilla
(b) City or town Cershing, Missouri, Jess
(c) Name of hospital or institution: 1
(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 Caroline Stortz
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 John B Stortz 6. (c) Age of husband or wife if alive 38 years (Month) (Day) (Year)
7. Birth date of deceased 4 3-8-1906

8. AGE: Years 37 Months 10 Days 1 If less than one day hr. min.

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

10. Usual occupation House Work

11. Industry or business

12. Name Herman Eickmann
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Caroline Daffel
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Win Stortz
(b) Address Morrison Mo
17. (a) Cershing (b) Date thereof 3-8-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Cershing, Mo

18. (a) Signature of funeral director Arnold H. Biedler
(b) Address Morrison Mo
19. (a) March 1/44 (b) A. H. Biedler
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Sassaparilla
(c) City or town Cershing 37
(If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB. day 29TH
year 1944 hour 1 minute 30 A.M.
21. I hereby certify that I attended the deceased from 1/16/44 to 2/27/44
that I last saw him FR alive on 2/27/44
and that death occurred on the date and hour stated above.

Immediate cause of death CIRCULATORY FAILURE Duration 2 WEEKS
Due to MYOCARDIOSIS INDEFINITE
Due to SENILITY + ARTERIOSCLEROSIS INDEFINITE

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 9/22
Of autopsy
PHYSICIAN 9/22
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? 00 (Specify type of place) (e) Means of injury.....
23. Signature BB von Buehler (M. D. or other) 00
Address Morrison, Mo Date signed 2/29/44

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

MOTHER FATHER

RECEIVED

District Health Officer No. 9,

District File Number _____

Date Filed 5-5-44

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 Hugot Blumer

Licensed Embalmer No. 3160

P. O. Address Hermann, Missouri

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.