

FILED JUN 7 1944

Registration District No. 178

Primary Registration District No. 4286

Registrar's No. 52

1. PLACE OF DEATH:

(a) County Lewis

(b) City or town La Grange
(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 57 5 13 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis **56**

(c) City or town La Grange **2**
(If outside city or town limits, write "RURAL") **0**

(d) Street No. (If rural, give location)

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

If yes, name country: 0

3. (a) PRINT FULL NAME Bessie Brose

3. (b) If veteran, name war: ---

3. (c) Social Security No. ---

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 4
year 1944 hour 10 minute 15 A.M.

21. I hereby certify that I attended the deceased from MARCH 6 1944 to MAY 4 1944
that I last saw h. ER alive on MAY 4 1944
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 Albert H. Brose 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased November 21st, 1886
(Month) (Day) (Year)

Immediate cause of death URAEMIA Duration

8. AGE: Years Months Days If less than one day

57 5 13 hr. min.

Due to CHRONIC NEPHRITIS (INTERSTITIAL)

Due to

Other conditions (Include pregnancy within 3 months of death)

9. Birthplace La Grange Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

Major findings: 1310

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name Charles A. Klusmeier

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

14. Maiden name Mary Ann Zeller

15. Birthplace Hannibal Missouri
(City, town, or county) (State or foreign country)

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?

16. (a) Informant R. S. Sinal

(b) Address Duquoin Mo.

17. (a) Burial (b) Date thereof 5/7/44.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place, burial or cremation La Grange, Missouri.

18. (a) Signature of funeral director M. Roberts

(b) Address La Grange Missouri.

19. (a) 5/5/44 (b) P. W. Jennings M.D.
(Date received from registrar) (Registrar's signature)

(Specify type of place)

While at work? (e) Means of injury

23. Signature W. L. Eddins M.D. (M. D. or other)

Address La Grange Mo. Date signed 5/6/44

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

OCT 4 1954

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.....

A. A. Roberts

.....; Registered Apprentice No.....

working under my personal supervision.

Signed.....



Licensed Embalmer No. **1626**

P. O. Address **La Grange, 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.