

FILED OCT 11 1944  
 Registration District No. \_\_\_\_\_

Primary Registration District No. 3-949

Registrar's No. 46

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

1. PLACE OF DEATH:  
 (a) County Pike  
 (b) City or town Sumner Twp. - Rural  
 (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) 1  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State MO (b) County Pike  
 (c) City or town Rural  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) Citizen of foreign country? Yes (Yes or No)  
 If yes, name country: Germany

3. (a) PRINTED FULL NAME BERTHA THERESA OBENHARTHOFF  
 (b) If veteran, name war X  
 (c) Social Security No. none

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Sept. day 18  
 year 1944 hour 3 minute \_\_\_\_\_ P. M.

4. Sex Female 5. Color or race white  
 6. (a) Single, widowed, married, divorced Single  
 (b) Name of husband or wife John Henry Obenhardt  
 (c) Age of husband or wife if alive 11 years 1849 (Year)

21. I hereby certify that I attended the deceased from Aug. 27  
1944 to Sept. 18 1944;  
 that I last saw her alive on Sept 10 1944;  
 and that death occurred on the date and hour stated above.

7. Birth date of deceased: Oct 7 (Month) (Day) (Year)  
 8. (AGE): Years 9 1/2 Months 11 Days 7  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death: Fracture - 8th thoracic vertebra  
 Due to Fall from chair  
 Due to \_\_\_\_\_

9. Birthplace Germany (State or foreign country)  
 10. Usual occupation Retired House wife

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
 Major findings: \_\_\_\_\_  
 Of operations: \_\_\_\_\_  
 Of autopsy: \_\_\_\_\_

MOTHER FATHER  
 11. Industry or business \_\_\_\_\_  
 12. Name Henry Heiser  
 13. Birthplace Germany (State or foreign country)  
 14. Maiden name Elizabeth Scharder  
 15. Birthplace Germany (State or foreign country)

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) no  
 (b) Date of occurrence Aug. 27 - 1944  
 Where did injury occur? at home (City or town) (County) (State)  
 (c) Did injury occur in or about home, on farm, in industrial place, in public place?  
 While at work? no (Specify type of place) (c) Means of injury Fall

16. (a) Informant Mrs. Will Meyers  
 (b) Address Bowling Green MO  
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 20 - 1944 (Month) (Day) (Year)  
 (c) Place: burial or cremation St. Clements

23. Signature Rugland Darrow (M. D. or other) \_\_\_\_\_  
 Address Bowling Green MO Date signed 10/1/44

18. (a) Signature of funeral director Grace Banford  
 (b) Address Bowling Green MO  
 19. (a) 10-1-44 (Date received local registrar) (b) Mrs. Frank Sad (Registrar's signature)

RECEIVED

District Health Officer No. 10

District File Number 10-44-17

Date Filed OCT 10 1944

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 *Grace Bonthead*

Licensed Embalmer No. 9204

P. O. Address *Bowling Green 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.