

FILED DEC 16 1944

Registration District No. _____

Primary Registration District No. 5761

Registrar's No. 69

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Rural Tarkenton, Mo.
(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 _____ (Specify whether _____)
In this community _____
years, months or days _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion 64
(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 or No) _____
If yes, name country _____

3. (a) PRINT FULL NAME BLANCH B. BREMMER

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 married
6. (b) Name of husband or wife Chris Bremmer 6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased May 18 1881
(Month) (Day) (Year)

8. AGE: Years 63 Months 6 Days 12 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name James Kenoyer

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

14. Maiden name Kelly

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

16. (a) Informant Emmett B. Bremmer

(b) Address Palmer Ave.

17. (a) Burial (b) Date thereof 12-9-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Philadelphia Cem.

18. (a) Signature of funeral director P. M. Allen

(b) Address Philadelphia Missouri

19. (a) 11-30-44 (b) Mrs Margaret Mackey
(Date received local registrar) (Registrar's signature)

1155 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 30
year 1944 hour 9 minute 30P.M.

21. I hereby certify that I attended the deceased from Nov 1944 to Nov 25 1944
that I last saw her or alive on Nov 25 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Duodenitis
Duration 2-7/8

Due to _____

Due to _____

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

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? _____ (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 F. G. Powell (M. D. or other) _____

Address 7 Perry Ave. No. Date signed 11-30-44

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed J. H. 37 R. M. Allen

Licensed Embalmer No. 2437

P. O. Address Philadelphia

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.