

FILED MAR 15 1945

Registration District No. 26

Primary Registration District No. 5305

Registrar's No. 2

1. PLACE OF DEATH

(a) County Cole

(b) City or town Rural "Liberty Township"
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Jefferson City, Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Life
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole

(c) City or town Rural "Liberty Township"
(If outside city or town limits, write "RURAL")

(d) Street No. RR # 3 Jefferson City, Mo.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country X

3. (a) PRINT FULL NAME MATILDA PRENGER

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 Henry Prenger

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Jan 7, 1879
(Month) (Day) (Year)

8. AGE: Years 66 Months 1 Days 10
If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Henry Benckert

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

14. Maiden name Elizabeth Schwaller

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

16. (a) Informant Henry Prenger

(b) Address RR # 3 Jefferson City, Mo.

17. (a) Burial (b) Date thereof 2/11/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ind, Mo.

18. (a) Signature of funeral director Joseph Sull

(b) Address Jefferson City, Mo.

19. (a) Feb 19 1945 (b) Joseph Sull
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 17
year 1945 hour 3 minute 10 P. M.

21. I hereby certify that I attended the deceased from Oct. 24 - 1941 to Feb. 17, 1945
that I last saw her alive on Feb 17, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial failure

Due to Hypertensive heart disease

Due to Arteriosclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations (Signature)

Of autopsy (Signature)

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?
(Specify type of place)

While at work? (c) Means of injury (Signature)

23. Signature J. A. Cassiano (M. D. or other) M.D.
Address Jefferson City, Mo. Date signed 2/19/45

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

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RECEIVED
Director Health Officer No. 9,
District File Number _____
Date Filed 2-13-45

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 Sylvester Rull
Licensed Embalmer No. 4321
P. O. Address Jefferson City, 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.