

FILED JUN 1 1945
 Registration District No. 294

Primary Registration District No. 3056

1. PLACE OF DEATH:

(a) County Randolph
 (b) City or town Moberly
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Woodland Hospital
 (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 MARK FREDLIN MORTIMEYER

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth of deceased May 19th. 1893
 (Month) (Day) (Year)

8. AGE: Years 52 Months 0 Days 10 If less than one day hr. min.

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

10. Usual occupation Carpenter and Painter

11. Industry or business.....

12. Name John Mortimeyer

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

14. Maiden name Josephine Meyer

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

16. (a) Informant Mrs. Cora Brammer

(b) Address Brunswick, Missouri

17. (a) Burial (b) Date thereof 6-1-45
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brunswick, Missouri

18. (a) Signature of funeral director R. Meisel

(b) Address Brunswick, Missouri

19. (a) 6-1-45 (b) J. M. Hall
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Chariton
 (c) City or town Brunswick
 (If outside city or town limits, write "RURAL")
 (d) Street No..... (If rural, give location)
 (e) Citizen of foreign country? 1 (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

May 29th.

20. DATE OF DEATH: Month May day 29th.
 year 1945 hour 10 minute 20 M.

21. I hereby certify that I attended the deceased from May 24
1945 to May 29 1945;
 that I last saw him alive on May 29 1945;
 and that death occurred on the date and hour stated above.

Immediate cause of death..... Diagnoses:
Acute Nephritis
Uremic Poisoning
 Due to Cardiac Hypertrophy
Rheumatic heart disease.

Due to.....

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

Major findings:
 Of operations.....

Of autopsy.....

Duration

PHYSICIAN

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?..... (Specify type of place) (e) Means of injury.....
 23. Signature J. M. Hall (M. D. or other)
 Address Moberly, Mo Date signed 6/1/45

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

RECEIVED

District Health Officer No. 10

District File Number 6-45-989

Date Filed JUN 12 1945

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.....

L. W. Weisel

Licensed Embalmer No. 823

P. O. Address.....

Brunswick, N.

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.