

FILED MAY 13 1946

Registration District No. **55**

Primary Registration District No. **3.011**

Registrar's No. **89**

1. PLACE OF DEATH:

(a) County **Carroll**
(b) City or town **Carrollton**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
401 West Heidle /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community **Life** (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Carroll** **17**
(c) City or town **Carrollton**
(If outside city or town limits, write "RURAL")
(d) Street No. **401 W. Heidle**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Mrs Pauline Duetcher**

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

4. Sex **Female** 5. Color or race **W** 6. (a) Single, widowed, married, divorced, **Widowed**
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive **years**
7. Birth date of deceased: **Mar. 12 1977**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 1 17 hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business.....

MOTHER FATHER

12. Name **Ben Brockmeier**
13. Birthplace **Germany 7**
(City, town, or county) (State or foreign country)
14. Maiden name **Pauline Hoppe**
15. Birthplace **Germany 7**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Emma Goedeke**
(b) Address **401 W. Heidle St. (Carrollton)**

17. (a) **Burial** (b) Date thereof **5-2-46**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Oak Hill Cemetery.**

18. (a) Signature of funeral director **Marshall F. Home.**
(b) Address **Carrollton Mo.**

19. (a) **4/30/46** (b) **Mrs Herbert Calvert**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **29**
year **1946** hour **700** minute **10** M.

21. I hereby certify that I attended the deceased from **Oct. 15 1946** to **April 29 46**
that I last saw him alive on **April 29** 19**46**
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of Stomach** Duration **18 mo.**

Due to.....

Due to.....

Other conditions **46K**
(Include pregnancy within 3 months of death)

Major findings: Of operations.....
Of autopsy **Carcinoma of Stomach** 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 **2**

23. Signature **Ernest S. Smith** (M. D. or other) **D.O.**
Address **111 So. Main, Carrollton** Date signed **5-30-46**

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

11410

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 5-10-46

AUG 21 1946

AUG 22 1946

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 myself

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

Signed R. M. Marshall

Licensed Embalmer No. 2525

P. O. Address Carrollton 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.