

FILED MAY 21 1946
Registration District No. _____

Primary Registration District No. 5918

1. PLACE OF DEATH

(a) County Perry
(b) City or town Rural Salem
(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 54 Years (Specify whether years, months or days)
In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry
(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? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ella Marie Brueckner

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

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

6. (b) Name of husband or wife John Bruecker 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased. August 17 1888
(Month) (Day) (Year)

8. AGE: 61 Years 7 Months 29 Days If less than one day hr. min.

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

10. Usual occupation House Wife

11. Industry or business _____

12. Name Henry Fritsche

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

14. Maiden name Bertha Boehme

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

16. (a) Informant John Bruecker
(b) Address Farrar Mo.

17. (a) Burial (b) Date thereof 4-20-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Farrar Mo.

18. (a) Signature of funeral director Young & Sons

(b) Address Perryville Mo.

19. (a) April 20 1946 (b) Joe Bruecker
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16
year 1946 hour 12 minute 45 P.M.

21. I hereby certify that I attended the deceased from Feb. 8 1940 to April 16 1946
that I last saw her alive on April 16 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration 1 year

Due to Chronic lymphatic leukemia 2 years

Due to _____

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

Major findings: _____
Of operations: g 3/2
Of autopsy: _____

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)
(c) Means of injury _____

23. Signature Theodore Spacker (M. D. or other) J.D.
Address Abbeville Mo Date signed 4/18/46

250

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

16472

RECEIVED

District Health Officer No. 4

District File Number 546-2150

Date Filed 5-20-46

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 *Wallace Young*

Licensed Embalmer No. 4027

P. O. Address *Perryville 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.