

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH: Cass

(a) County: Pleasant Hill, Mo.

(b) City or town: Pleasant Hill, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 714 Pine
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 70 years (Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME: Fred Herman Bienert

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: Widowed

6. (b) Name of husband or wife: Darcus Arnot Bienert 6. (c) Age of husband or wife if alive: _____ years

7. Birth date of deceased: Aug. 14. 1865
(Month) (Day) (Year)

8. AGE: Years 81 Months 3 Days 25 If less than one day _____ hr. _____ min.

9. Birthplace: Bellville, Canada
(City, town, or county) (State or foreign country)

10. Usual occupation: Forman in stone quarry

11. Industry or business: _____

MOTHER FATHER { 12. Name: Albert Bienert

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

{ 14. Maiden name: Augusta Keitel

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

16. (a) Informant: Edna Douglaes

(b) Address: Kansas City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-12-46
(Month) (Day) (Year)

(c) Place: burial or cremation: Union Cemetery

18. (a) Signature of funeral director: Allen Brownfield

(b) Address: Pleasant Hill, Mo.

19. (a) 12-23-1946 (Date received local registrar) (b) Laura J. Jones (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Cass

(c) City or town: Pleasant Hill, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No.: 714 Pine
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)

If yes, name country: _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 8
year 1946 hour 12 N. minute _____ M.

21. I hereby certify that I attended the deceased from Aug 26, 1946, to Dec. 8, 1946
that I last saw him alive on Dec. 6, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: Arterio-sclerosis

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: L. V. Murphy, M.D. (M. D. or other) _____

Address: Pleasant Hill, Mo. Date signed: 12-10-46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

3811

19
2
6

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.....

By me 12-8-46....., Registered Apprentice No.....
working under my personal supervision.

Signed *Allen W. Brownfield*

Licensed Embalmer No. *3785 D*

P. O. Address *Pleasant Hill, 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.