

FILED NOV 20 1947

Registration District No. **4188**

Registrar's No. **70**

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

1. PLACE OF DEATH:
(a) County Gasconade
(b) City or town Owensville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 23 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Bertha Manske
(b) If veteran, name war *
(c) Social Security No. *

4. Sex Female 5. Color or race white
6. (a) Single, widowed, married, divorced widowed
(b) Name of husband or wife Frank C. Manske
(c) Age of husband or wife if alive dead years
7. Birth date of deceased November 6 1874
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>11</u>	<u>19</u>	hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER {
12. Name Carl Forster
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Julianna Mischke
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Eugene Manske
(b) Address Owensville, Mo.

17. (a) Burial (b) Date thereof 10-27-1947
(Burial, cremation, or removal) (Month) (Day) (Year)
City Cem. Owensville
(c) Place: burial or cremation Milford H. H. Winter

18. (c) Signature of funeral director Owensville, Mo.
(b) Address _____

19. (a) 11-1-47 (b) Smith
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Gasconade
(c) City or town Owensville
(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 _____

MEDICAL CERTIFICATION
23. DATE OF DEATH: Month October day 25
year 1947 hour 2 minute 25a.M.

21. I hereby certify that I attended the deceased from April 15 1947 to 10-25 1947
that I last saw her alive on 12-24 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Adeno carcinoma - rt. breast with metastases
Duration _____

Due to _____
Due to _____
Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Adeno carcinoma - rt. breast - April 1945
Of operations _____
Of autopsy None

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 Paula Brunner (M. D. or other) MD
Address Owensville, Mo. Date signed 10-27-47

Date Filed NOV 19 1947

District

District Health Officer No. 9

RECEIVED

DEC 1 1948

Nov 1 1947

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.....

Harvey Stahl....., Registered Apprentice No. 9
working under my personal supervision.

Signed..... *Melvin A. H. Winter*

Licensed Embalmer No. 3835

P.O. Address..... *Owensville 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.