

FILED MAR 19 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10838

State File No.

BIRTH NO.		REG. DIST. NO. <u>273</u>		PRIMARY REG. DIST. NO. <u>3051</u>		Registrar's No. <u>22</u>		
1. PLACE OF DEATH a. COUNTY <u>Perry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Perry</u>				
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Perryville Mo.</u>)		c. LENGTH OF STAY (in this place) <u>1 Day</u>		c. CITY OR TOWN		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Perry Co. Memorial Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>Rural Brazeau Twp. 0798</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Emma</u>			b. (Middle)			c. (Last) <u>Bodenschatz</u>		
4. DATE OF DEATH <u>Feb. 22 1953</u>			5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>June 14 1899</u>		9. AGE (In years last birthday) <u>53</u>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Perry Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Joseph Kramer</u>			13b. MOTHER'S MAIDEN NAME <u>Amalia Obendorfer</u>			14. NAME OF HUSBAND OR WIFE <u>George F. Bodenschatz</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>George F. Bodenschatz Frohna Mo.</u>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>cerebral hemorrhage</u>					<u>26 hours</u>	
		ANTECEDENT CAUSES						
		DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) <u>essential hypertension</u>						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		21g. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21h. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <u>21 Feb, 1953</u> to <u>22 Feb, 1953</u> that I last saw the deceased alive on <u>22 Feb, 1953</u> , and that death occurred at <u>7:15 P.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>J. J. Young, M.D.</u>				23b. ADDRESS <u>Perryville, Mo.</u>		23c. DATE SIGNED <u>FEB 24 1953</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 26 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lutheran Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Frohna Mo.</u>		
DATE REC'D BY LOCAL REG. <u>2-25-53</u>		REGISTRAR'S SIGNATURE <u>Joe J. Ziegler</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Young Sons Perryville Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS		

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 20 1938

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 Student Embalmer No..... working under my personal supervision..

Student..... Signature of Student Embalmer

Signed..... Wallace Young

Licensed Embalmer No... 4027

P. O. Address Perryman

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.