

FILED DEC 14 1948

Registration District No. 137

Primary Registration District No. 3023

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Henry
 (b) City or town Clinton
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Clinton General Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community _____ years, months or days) 2 years

3. (a) PRINT FULL NAME HENRY J BRETALL

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single
 6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive no years
 7. Birth date of deceased Nov. 9 1886
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 0 29 — hr. — min.

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

10. Usual occupation Farmer

11. Industry or business none

12. Name John Bretall
 13. Birthplace Germany #
 (City, town, or county) (State or foreign country)
 14. Maiden name unknown
 15. Birthplace Germany 4
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Frank Guentzel

(b) Address Clinton, Missouri

17. (a) Burial (b) Date thereof: 12-9-1948
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood Cemetery

18. (a) Signature of funeral director F. W. Schaberg

(b) Address Clinton, Missouri

19. (a) 12-9-48 (b) R. P. Kenney
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Morgan 71
 (c) City or town Florence 0
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4 miles west of Florence 0
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 8
 year 1948 hour 4 minute 45 PM.

21. I hereby certify that I attended the deceased from February, 1946 to Dec. 8, 1948
 that I last saw him alive on December 8, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death myocardial failure Duration 6 mo.
 Due to Anemia and arterio sclerosis 1 yr. 2 yrs.

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations _____
 Of autopsy 97
 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 _____
 23. Signature Valued Health (M. D. or other) M.D.
 Address Clinton, Mo. Date signed 12-9-48

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

MOTHER FATHER

RECEIVED

District Health Officer No. 7,

District File Number 11-48-1424

Date Filed 12-13-48

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 F Lee Schepers

Licensed Embalmer No. 4513

P. O. Address Clinton 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.