

AY 13 1940

Registration District No. 574

Primary Registration District No. 43385 7/11-14

Registrar's No. _____

1. PLACE OF DEATH:

(a) County: Moniteau
(b) City or town: Rural Linn Twp.
(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: 2
(Specify whether _____)

In this community _____ years, months or days

8. (a) PRINT FULL NAME: Anna Elizabeth Bieri

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

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

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

7. Birth date of deceased: 4 18 1862
(Month) (Day) (Year)

8. AGE: Years 77 Months 11 Days 27 If less than one day _____ hr. _____ min.

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

10. Usual occupation: Retired

11. Industry or business _____

12. Name: John Stauffer

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

14. Maiden name: unknown

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

16. (a) Informant's own signature: Mae Frank Baer

(b) Address: Jamestown Mo

17. (a) Burial (b) Date thereof: 4-17-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Moniteau Ex Cem

18. (a) Signature of funeral director: C. Albert Hornbeck

(b) Address: Prairie Home Mo

19. (a) April 18 1940 (b) Abbie Briel
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Moniteau
(c) City or town: Jamestown Mo
(If outside city or town limits, write "RURAL")
(d) Street No.: Rural
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13
year 1940 hour 2 minute 0 P. M.

21. I hereby certify that I attended the deceased from April 14, 1940, to April 15, 1940
that I last saw her alive on April 15, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: Broncho pneumonia
Due to: Influenza

Due to _____
Other conditions: 110
(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? _____

23. Signature: A. R. ... (M. D. or other) 23
Address: Francis House Date signed: 4-16-40

Duration: 4/9/40
4/8/40

PHYSICIAN
Underline the cause to which death should be charged statistically.

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
C. Albert Hornbeck; Registered Apprentice No. _____
working under my personal supervision.

Signed C. Albert Hornbeck

Licensed Embalmer No. 2714

P. O. Address Prairie Home Ill

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, above space should be left blank.