

FILLED NOV 17 1941  
Registration District No. 274

Primary Registration District No. 5309

Registrar's No. 13

1. PLACE OF DEATH:

(a) County COOPER  
(b) City or town NORTH MONITEAU TWP  
(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 LIFE TIME (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County COOPER  
(c) City or town RURAL  
(If outside city or town limits, write "RURAL")  
(d) Street No. 0  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 5  
year 1941 hour \_\_\_\_\_ minute 29 M.  
21. I hereby certify that I attended the deceased from DEC 2 20 1940 to 10-5 1941  
that I last saw him alive on 10 2 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Heart Disease Duration 8 1/2 hr

Due to \_\_\_\_\_  
Due to Arterio Sclerosis  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 430  
Of autopsy \_\_\_\_\_  
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 A. L. Wurdich M. D. or other \_\_\_\_\_  
Address Prarie Home Mo Date signed 10-6-41

3. (a) PRINT FULL NAME EMMA MAGDOLINE EYNST  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

5. Color or race FEMALE WHITE  
6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or DEAD  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased. 4 5 1882  
(Month) (Day) (Year)

8. AGE: Years 59 Months 6 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation HUSBAND WIFE

11. Industry or business \_\_\_\_\_

12. Name HENRY DICK

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

14. Maiden name FREDERICKA GYISEBACH

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

16. (a) Informant: CARY EYNST

(b) Address PRAIRIE HOME MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 10-6-41  
(Month) (Day) (Year)

(c) Place: burial or cremation EVAN MONITEAU COUNTY

18. (a) Signature of funeral director C. ALBERT HORNBECK

(b) Address PRAIRIE HOME MO

19. (a) 10-6-41 (Date received local registrar) (b) A. L. Wurdich (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

9  
0  
0

RECEIVED

District Health Officer No. 8

District File Number \_\_\_\_\_

Date Filed 11-13-41

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 C. ALBERT HOYNECK

Licensed Embalmer No. 2714

P. O. Address PRYATIE HOME 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.