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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

FILED OCT 31 1945 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 54

Primary Registration District No. 587 4076

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town Gordonville Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Gordonville Mo. 1
(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. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County 16

(c) City or town _____ (If outside city or town limits, write "RURAL") 0

(d) Street No. _____ (If rural, give location) 0

(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Christian William Friedhof

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 19 year 1945 hour 1 minute 15 P. M.

21. I hereby certify that I attended the deceased from _____ 1945 to Sept 16 1945 that I last saw him alive on Sept 16 1945 and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced widowed

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

7. Birth date of deceased Dec 11 1861
(Month) (Day) (Year)

Immediate cause of death _____

Due to Artero-sclerosis 2 yrs

Due to Hypertension 3 yrs

Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years 83 Months 8 Days 13 If less than one day hr. _____ min. 0

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

Major findings:
Of operations _____

Of autopsy 97

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

10. Usual occupation Retired farmer

11. Industry or business _____

12. Name Not known

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

14. Maiden name Not known

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

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? _____

16. (a) Informant Willy Friedhof

(b) Address Gordonville Mo.

17. (a) Burial (b) Date thereof 9/21/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gordonville cemetery

18. (a) Signature of funeral director McCombs F & Co.

(b) Address Jackson Mo.

19. (a) 26-65 (b) A. H. Macke
(Data received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature B. P. Schenck (M. D. or other) MD

Address Jackson Mo. Date signed Sept 19

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

RECEIVED

District Health Officer No. 4
District File Number 1045-1241
Date Filed 10-30-45

NOV 2 1945

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

Thos. H. Allen

Licensed Embalmer No. 4055

P. O. Address Jackson

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.

Registration District No. 54

Primary Registration District No. 4076

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Gordonville
(If outside city or town limits, write "RURAL" and name of township)
(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 _____ (Specify whether _____)

In this community _____ (Specify whether _____)
years, months or days

3. (a) PRINT FULL NAME Christian W. Friedhof

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

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced wid

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

7. Birth date of deceased Dec 11 1945
(Month) (Day) (Year)

8. AGE: Years 83 Months 8 Days 13 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) D. G. Seibert
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cape Gir
(c) City or town Gordonville
(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

22. DATE OF DEATH: Month Nov Year 1945 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Duration _____

Due to _____

Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: Of operations _____

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 _____ (M. D. or other)

Address _____ Date signed _____

SUPPLEMENTARY

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

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