

AUG 16 1940

STANDARD CERTIFICATE OF DEATH

State File No. **28345**

Registration District No. **218**

Primary Registration District No. **3015**

Registrar's No. **84**

1. PLACE OF DEATH: **SEP 19 1940**

(a) County Cooper

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

(c) Name of hospital or institution: St. Joseph's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether)

In this community 6 2 5
years, months or days

3. (a) PRINT FULL NAME BABY MERTENSMEYER

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

4. Sex male **5. Color or** white **6. (a) Single, widowed, married,** divorced Baby

6. (b) Name of husband or wife _____ **6. (c) Age of husband or wife if** 9 years

7. Birth date of deceased. August 1940
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day 9 hr. min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name Aloys Mertensmeyer

18. Birthplace Westphalia Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Alta Guturje

16. Birthplace Springfield Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Aloys Mertensmeyer

(b) Address Gilliam Mo.

17. (a) Removal Renormal **(b) Date thereof** Aug 10, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gilman Mo.

18. (a) Signature of funeral director Walker Lindsey

(b) Address Gilman Mo.

19. (a) 8-13-40 **(b) Registrar's signature** Boonville
(Date received local registrar) (City, town, or county)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cooper

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

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

(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day August
year 1940 hour 8 P.M. minute 45 M.

21. I hereby certify that I attended the deceased from 8-9
1940 to 8-9 1940

that I last saw him alive on 8-9-40 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Patient From an attack

Due to _____

Due to _____

Other conditions 1570
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy none

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?
1017 - 1st St
(Specify type of place)

While at work? _____ (e) Means of injury

23. Signature J. G. Gardner (M. D. or other)

Address Gilman Mo. **Date signed** 8-10-40

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

7
2
2

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 9-10-40

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.....

Licensed Embalmer No.....

P. O. Address.....

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.