

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

35083
Do not use this space.

NOV 14 1938

1. PLACE OF DEATH

(a) County Boone Registration District No. 73
 (b) Township Columbia Primary Registration District No. 3006
 (c) City Columbia (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME CAROLINE WOEMMEL KEHR

(a) Residence, No. _____ St. Columbia Mo
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF CARL C. KEHR.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-17-1871

7. AGE YEARS 67 MONTHS — DAYS — If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at Home
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) OWENSVILLE (STATE OR COUNTRY) MISSOURI

FATHER 13. NAME FREDERICK W. WOEMMEL
 14. BIRTHPLACE (CITY OR TOWN) BERLIN (STATE OR COUNTRY) GERMANY

MOTHER 15. MAIDEN NAME HENRIETTA KLEMME
 16. BIRTHPLACE (CITY OR TOWN) LIPPENMOLZ (STATE OR COUNTRY) GERMANY

17. INFORMANT Mrs. Woodson Canada (ADDRESS) Columbia Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Columbia Cem DATE 10-20 1938

19. FUNERAL DIRECTOR Parker Funeral Home (ADDRESS) Columbia Mo

20. FILED 10/20/38 Allie Selby Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 17 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1938 to Oct 17 1938
 last saw him alive on Oct 17 1938 Death is said to have occurred on the date stated above, at 8:20 p.m.
 The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Date of onset Dec 1847

Other contributory causes of importance: Softening of brain Jan 1938

Name of operation none Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) AW Kampshelm M. D.
 (Address) Columbia, Mo

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

07/17 5:00 PM

STATEMENT BY LICENSED EMBALMER

I, W V McPherson, Licensed Embalmer No. 3893

hereby certify that the body recorded on the reverse side of this certificate was embalmed by W V McPherson

L. E.

No. _____ or by _____ Registered Apprentice No. _____
working under my personal supervision.

Signed W V McPherson

Licensed Embalmer No. 3893

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.)