

DEC 9 JAN 9 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

42595

Do not use this space.

1. PLACE OF DEATH

(a) County Cape Girardeau Registration District No. 120
 (b) Township St. Francis Primary Registration District No. 3009 Registered No. 411
 (c) City Camden (d) Street No. St. Francis Hospital 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

(a) Residence, No. Appleton, Mo. St. Appleton, 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-27-38

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Mrs. M. Kucher

22. I HEREBY CERTIFY, That I attended deceased from 12/26, 1938, to 12/27, 1938
 I last saw him alive on 12/27, 1938 Death is said to have occurred on the date stated above, at 4:15 P. m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 14 1875

The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 10 13

Other contributory causes of importance:
Chronic
of sigmoid
46

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Berry County, Mo.

FATHER 13. NAME Paul Untereiner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Cecilia Weber

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mrs. August Untereiner, Appleton, Mo.

18. BURIAL PLACE Schwarzbach, Mo. DATE Dec 29, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wey Funeral Home, Berryville, Mo.

20. FILED 2-27-36 J. M. Thompson Local Registrar.

Name of operation sigmoidectomy Date of 12/27/38

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury, 1938
 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) Dr. D. H. Smith, M. D.
 (Address) Cape Girardeau, Mo.

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

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. *3866*

P. O. Address *Berryville, 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, above space should be left blank.