N. B.—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.

REC'D MAY 18 1939

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

14795
Do not use this space.

1. PLACE OF DEATH

(a) County Franklin — Registration District No. 297

(b) Township — Primary Registration District No. 3016 — Registered No. 39

(c) or City ~~Union~~ Washington (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. 11 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 156 Ewald J. Dufner

(a) Residence, No. Union, Mo. St. ☐ Union, 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Laura Dufner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 10, 1905

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
34	0	24	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Merchant
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) (STATE OR COUNTRY) St. Louis Missouri 0

FATHER
13. NAME Juluis G. Dufner 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hermann Missouri 0

MOTHER
15. MAIDEN NAME Martha M. Epple
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hermann Missouri

17. INFORMANT (ADDRESS) Juluis G. Dufner Union, Missouri

18. BURIAL, CREMATION, OR REMOVAL I.C.C. Cemetery
PLACE Union, Mo. DATE 4/7/39, 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Union Funeral Home Union, Mo. (Wm. Horn)

20. FILED Apr. 4, 1939 H. A. May Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 4, 1939 19

22. I HEREBY CERTIFY, That I attended deceased from March 24, 1939, to April 4, 1939
I last saw him alive on April 4, 1939. Death is said to have occurred on the date stated above, at 6:40 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
General Septicemia	Mar 24 1939

121

Other contributory causes of importance:

Acute gangrenous appendicitis perforated	Mar 20 1939
General diffuse peritonitis	

Name of operation Appendectomy + drainage Date of Mar 24, 39
What test confirmed diagnosis Clinical 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? No
If so, specify
(Signed) R. R. Cutler, M. D.
(Address) Washington, Mo

(Licensed Embalmer's Statement on Reverse Side)

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 Wm. H. Hain

Licensed Embalmer No. 3175

P. O. Address Thurman, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.