

1939 AUG 7 1939

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

Sup of 2258-39
26071
Do not use this space.

1. PLACE OF DEATH

(a) County Lafayette Registration District No. 464
(b) Township Mayview. Mo. Primary Registration District No. 4275 Registered No. 35
(c) City Mayview. Mo. (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

(a) Residence, No. 560 Milton Harry Hamer St. 520 (If nonresident, give city or town and State) 612
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. - 20 - 1873

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
65 7 25

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. Retired
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) Jerseyville Ill.

13. NAME Nathaniel Horner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cross Ohio

15. MAIDEN NAME Catherine Duncan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jerseyville Ill.

17. INFORMANT (ADDRESS) Mrs. Joe Hamer
Mayview. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Odessa Mo. DATE June - 17 - 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Hoefler & Meinershagen
Higginsville. Mo.

20. FILED 6/16 1939 Mrs. E. M. Goodwin
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June - 15 - 1939

22. I HEREBY CERTIFY, That I attended deceased from June 10 1939, to June 15 1939
I last saw him alive on June 15 1939. Death is said to have occurred on the date stated above, at 5 P.M.
The principal cause of death and related causes of importance were as follows:

Peritonitis from Parotiditis

Date of onset

Other contributory causes of importance:

Name of operation _____ 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? no
If so, specify _____

(Signed) Just B. Willis, M. D.
Mayview Mo. (Address)

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. See 22520 Duplicate

1156

RECEIVED
District Health Officer No. B,
District File Number
Filed 8/3/39

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.....

Roy F Wieggers, Registered Apprentice No. 2883

working under my personal supervision.

Signed *Harold Meierushagen*
Arthur Wieggers
Licensed Embalmer No. *530*
P. O. Address *Higginsville Mo*

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

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

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH

26091
Do not use this space.

1. PLACE OF DEATH
 (a) County Lafayette Registration District No. 464
 (b) Township Mayview Primary Registration District No. 4275
 (c) City Mayview (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. (?) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Milton Harry Hamer
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED s (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____

7. AGE YEARS 65 MONTHS 7 DAYS 25 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

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. _____

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) _____

FATHER

13. NAME _____

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

MOTHER

15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19 _____

19. FUNERAL DIRECTOR (ADDRESS) _____

20. FILED _____ 19 _____

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-15, 1939

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____
 I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:
Peritonitis from Parotiditis (Mumps) Date of onset _____

Other contributory causes of importance:
44

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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) John B. Wallis, M. D.
 (Address) Mayview Mo

SUPPLEMENTARY

Local Registrar

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
 CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1939

S-26071