

REC'D SEP 7 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH29515
Do not use this space.

1. PLACE OF DEATH
 (a) County Lafayette Registration District No. 460
 (b) Township Corder. Primary Registration District No. 4272
 (c) City Corder. (d) Street No. 59 St.
 (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 George Deterding
 (a) Residence, No. 363 St.
 (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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept- 27-1850

7. AGE YEARS 88 MONTHS 11 DAYS 3 If LESS than 1 day,hrs. ormin.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired farmer
 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) Germany (STATE OR COUNTRY) b

13. NAME George Deterding b

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

15. MAIDEN NAME Louise Wellman

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

17. INFORMANT (ADDRESS) Miss Clara Deterding, Corder Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Alma Mo. DATE 9-2-1939 19.

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

20. FILED Sept 1 1939 Tiffany Webb Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug- 30-1939 19

22. HEREBY CERTIFY That I attended deceased from July 15 1939 to Aug 30 1939
 I last saw him alive on Aug 30 1939 Death is said to have occurred on the date stated above, at 1:30 P.M.
 The principal cause of death and related causes of importance were as follows:

Carcinoma of Esophagus

Myocarditis Chronic

Other contributory causes of importance:

Circulatory failure

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) as Johnston, M. D.

(Address) Corder, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 9/5/39

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 _____

Registered Apprentice No. _____, working under my personal supervision.

Signed Roy F. Wiegans

Licensed Embalmer No. 2883

P. O. Address Higginsville, 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.