

Dr. Taylor 213  
Registration District No. 213

Primary Registration District No. 2014

Registrar's No. 17

FILED FEB 9 1940

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.

1. PLACE OF DEATH: 1940

(a) County Cole

(b) City or town Jefferson

(c) Name of hospital or institution: 121 West Atchison Street

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_ years, months or days

8. (a) PRINT FULL NAME Matthias H. Sommerer

8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Mary Sommerer 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased June 11 1866

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>7</u>	<u>6</u>	_____ hr. _____ min.

9. Birthplace Cole County, Missouri

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name John Sommerer

13. Birthplace Germany

14. Maiden name Margaret Fusch

15. Birthplace Germany

16. (a) Informant's own signature Herman Sommerer

(b) Address Jefferson City, Missouri

17. (a) Burial (b) Date thereof Jan-19-1940

(c) Place: burial or cremation Honey Creek

18. (a) Signature of funeral director W. J. Gordon

(b) Address Jefferson City, Missouri

19. (a) 1/18/40 (b) [Signature]

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole

(c) City or town Jefferson

(d) Street No. 119 W Atchison St

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 17 year 1940 hour 6 minutes 15 A. M.

21. I hereby certify that I attended the deceased from Nov 10 1938 to Jan 17 1940; that I last saw him alive on Jan 17 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Symphysis Leukemia

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Influenza

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

23. Signature [Signature] (M. D. or other) \_\_\_\_\_

Address Jefferson City Mo Date signed 1/18/40

**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.....

*Louis Quest*....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....  
*Louis Quest*

Licensed Embalmer No. *4096*

P. O. Address.....  
*Jefferson*

**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.**