

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.

FILED APR 12 1940

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

10906
Do not use this space.

1. PLACE OF DEATH

(a) County GasconadeRegistration District No. 303

(b) Township _____

Primary Registration District No. 4182

Registered No. _____

(c) City Hermann(d) Street No. West Ninth St.(e) Length of residence in city or town where death occurred yrs. 2 mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.2. PRINT FULL NAME ELMER FRANK CLAUS(a) Residence, No. Hermann, Mo 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

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR

Single
(write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFJan 13 1940

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

Jan. 13, 1940

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.020

OCCUPATION

8. Trade, profession, or particular kind of
work done, as sawyer, bookkeeper, etc.(infant)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
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Hermann
Missouri

FATHER

13. NAME

Elmer Claus14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Hermann
Missouri

MOTHER

15. MAIDEN NAME Adeline Roast16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Hermann
Missouri17. INFORMANT
(ADDRESS)Elmer Claus
Hermann, MO

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. George's Cem DATE 3/14/4019. FUNERAL DIRECTOR (NAME)
(ADDRESS)HUGO H. Blumer
Hermann, MO20. FILED 3-131940Anne K. Rickhoff
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-13- 1940

22. I HEREBY CERTIFY that I attended deceased from

3-13 1940, to 3-13 1940I last saw him alive on 3-13 1940. Death is saidto have occurred on the date stated above, at 3:9 m.

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

Peritonitis -

Date of onset

Other contributory causes of importance:

IntussusceptionName of operation none Date of _____What test confirmed diagnosis? _____ Was there an autopsy? Yes

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) Howard H. Johnson M. D.(Address) Hermann, Mo

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. 3160

P. O. Address Hermann, 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.