

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 881

Primary Registration District No. 6171

Registrar's No. 11

1. PLACE OF DEATH:

(a) County Warren

(b) City or town Rural - Elkhorn
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2)
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Warren

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. So. 7 Warrenton
(If rural, give location)

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

3. (a) PRINT FULL NAME Anna S. Unverzagt

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14
year 1940 hour _____ minute 6 P. M.

21. I hereby certify that I attended the deceased from March 12, 1940, to March 14, 1940
that I last saw her alive on March 13, 1940
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W

6. (a) Single Married

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife If alive _____ years

7. Birth date of deceased May 17 - 1868
(Month) (Day) (Year)

Immediate cause of death Bronchitis
Pneumonia and
bronchial asthma & Myo
carditis

Due to _____

Due to _____

Duration
3 days

8. AGE: Years 71 Months 9 Days 27
If less than one day _____ hr. _____ min.

Other conditions all stated
(Include pregnancy within 3 months of death)

Major findings: Ag
Of operations _____

Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically

9. Birthplace Near Warrenton, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

12. Name Herman Unverzagt

13. Birthplace Bernsgay, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Delithyana Peterman

15. Birthplace Bernsgay, Mo.
(City, town, or county) (State or foreign country)

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? _____

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

(b) Address Warrenton, Mo. R. 3. 40

17. (a) Burial (b) Date thereof March 17, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hopstadl Cms. Warrenton, Mo.

While at work _____ (Specify type of place)

(e) Means of injury _____

23. Signature John H. Dyer (M. D. or other) _____

Address Warrenton, Mo. Date signed _____

18. (a) Signature of funeral director F. W. Dabney

(b) Address Warrenton, Mo.

19. (a) March 18, 1940 (b) Arcebeling
(Date received local registrar) (Registrar's signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

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, ~~on~~.....

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

Signed John F. Dieburg
Licensed Embalmer No. 3897
P. O. Address Warrenton, 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 12751

Registration District No. 881

Primary Registration District No. 6171

Registrar's No. 11

1. PLACE OF DEATH:

(a) County Warren
 (b) City or town Elkhorn
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community _____ (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME Anna UNIVERSAL

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex 7 5. Color or race W 6. (a) Single, widowed, married, divorced 8

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ year

7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years 71 Months 9 Days 27 If less than one day _____ hr. _____ min.

9. Birthplace _____ (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____

13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____ (b) Address _____

17. (a) _____ (b) Date thereof _____ (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) March 18, 1940 (b) [Signature] (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
 (c) City or town _____ (If outside city or town limits write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

20. DATE OF DEATH Month 3 day 14 year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____ that I last saw him _____ alive on _____ 19____ and that death occurred on the date and hour stated above.
 Immediate cause of death _____

Due to _____
 Due to _____
 Other conditions _____ (Include pregnancy within 3 months of death)

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) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
 Address [Address] Date signed _____

MEDICAL CERTIFICATION
 Duration _____
 Underline the cause to which death should be charged statistically.

SUPPLEMENTARY

WRITE PLAINLY - USE UNFADING BLACK INK - MAKE A PERMANENT RECORD

TYPE 1 1/2

S-12751 1940