

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17779

JUN 14 1940 26
Registration District No. 26

Primary Registration District No. 3002

Registrar's No. 60

1. PLACE OF DEATH:

(a) County Audrain
(b) City or town Mexico
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: home
(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) Since 1885

3. (a) PRINT FULL NAME

Joseph Pfeifer 1600

3. (b) If veteran, name war --

3. (c) Social Security No. --NONE

4. Sex Male

5. Color or race W

6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife Elizabeth Holtkamp

6. (c) Age of husband or wife if alive -- years

7. Birth date of deceased Nov. 26, 1862
(Month) (Day) (Year)

8. AGE:

Years 77

Months 5

Days 13

If less than one day hr. 1 min. 00

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

10. Usual occupation Retired Farmer

11. Industry or business

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant's own signature R. A. Pfeifer

(b) Address Mexico, Missouri

17. (a) Burial (b) Date thereof 5/21/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Catholic Cemetery

18. (a) Signature of funeral director C. S. ...

(b) Address Mexico, Missouri

19. (a) May 10 - 1940 (b) Blanche Kelly
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Audrain

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

(d) Street No. N Jefferson
(If rural, give location)

(e) If foreign born, how long in U. S. A.? Since 1885 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9
year 1940 hour 6 30 minute 0 A. M.

21. I hereby certify that I attended the deceased from May 7, 1940 to May 9, 1940
that I last saw him alive on May 8, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage 5/7/40

Due to Cardiovascular Hypertension

Due to 95%

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 Mexico, MO Date signed 5/10/40

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

N. B.—Every item of information 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. 10

District File Number 6-40-1185

Date Filed JUN 11 1940

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 *W. W. M. M. M.*

Licensed Embalmer No. 3569

P. O. Address Mexico 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.