

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.

JUL 9 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

22097
Do not use this space.

1. PLACE OF DEATH

(a) County Laclede 2
(b) Township Smith 6
(c) City..... (d) Street No. 277
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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.

Registered No. 8

2. PRINT FULL NAME

(a) Residence, No. 152 Frank Hufnagle
Smith Wp. Laclede Co. Missouri St. 2 Richard mo
(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) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dolly Hufnagle
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 5 1870
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 7 24
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. 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) Dec 1939 11. Total time (years) spent in this occupation 16
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Philadelphia Penn
13. NAME Charlie Hufnagle 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6
15. MAIDEN NAME Barbara Dabbes 6
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6
17. INFORMANT (ADDRESS) Dolly Hufnagle
Richwood Pa
18. BURIAL, CREMATION, OR REMOVAL PLACE Mayfield Camp DATE May 30 1940
19. FUNERAL DIRECTOR (ADDRESS) J. G. Evers
St. Louis mo
20. FILED Jan 3 1940 C. G. Easton Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 29 1940
22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1940 to May 29 1940
I last saw him alive on May 29 1940. Death is said to have occurred on the date stated above, at 2 P m.
The principal cause of death and related causes of importance were as follows:
Valvular heart disease
Date of onset unknown
Other contributory causes of importance: 92W
Name of operation..... Date of.....
What test confirmed diagnosis? bed side 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?.....
If so, specify C. G. Easton, M. D.
(Signed) C. G. Easton (Address) St. Louis mo
408

RECEIVED
District Health Officer No. 7
District File Number 6-40-9233
Date Filed 1-20-40

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

..... Licensed Embalmer No.....

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.)