

STANDARD CERTIFICATE OF DEATH

State File No. 28345

Registration District No. 218

Primary Registration District No. 3015

Registrar's No. 84

FILED AUG 16 1940

SEP 19 1940

1. PLACE OF DEATH:

(a) County Cooper  
(b) City or town Boonville  
(c) Name of hospital or institution: St. Joseph's Hospital  
(d) Length of stay: In hospital or institution 6 2 5  
In this community 6 2 5  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cooper  
(c) City or town Boonville  
(d) Street No. \_\_\_\_\_  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME BABY MERTENSMEYER

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced Baby

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

7. Birth date of deceased August 9 1940  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day 9 hr. \_\_\_\_\_ min.

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

10. Usual occupation \_\_\_\_\_

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

12. Name Aloys Mertensmeyer

18. Birthplace Westphalia Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Alta Gutrie

16. Birthplace Springfield Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Aloys Mertensmeyer

(b) Address Gilliam Mo.

17. (a) Removal (b) Date thereof Aug 10, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gilliam Mo.

18. (a) Signature of funeral director Walker Lindsey

(b) Address Gilliam Mo.

19. (a) 8-13-40 (b) Boonville  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9<sup>th</sup> day August  
year 1940 hour 8 P.M. minute 45 M.

21. I hereby certify that I attended the deceased from 8-9  
\_\_\_\_\_ 1940 to 8-9 1940  
that I last saw him alive on 8-9-40 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Patent Foramen Ovale

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

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

Other conditions 1570  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy none

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?  
at home

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

23. Signature J. G. Gaidner (M. D. or other) \_\_\_\_\_  
Address Gilliam Mo. Date signed 8-10-40

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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

7  
2  
2

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 9-10-40

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

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.**