

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **31285**

Registration District No. **26**

Primary Registration District No. **3002**

Registrar's No. **115**

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: **General Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **22 days.**
(Specify whether
In this community **Life**
years, months or days)

3. (a) PRINT FULL NAME **Walter Ahmann**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **none**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**

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

7. Birth date of deceased **11** **10** **1875**
(Month) (Day) (Year)

8. AGE: Years **64** Months **9** Days **14** If less than one day hr. _____ min.

9. Birthplace **Montgomery Co Mo.** (City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business **General Duties**

12. Name **Rudolph Ahmann**

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

14. Maiden name **Minnie Ahmann**

15. Birthplace **Warren Co Mo.** (City, town, or county) (State or foreign country)

16. (a) Informant **Charlie Ahmann**

(b) Address **Nwe Florence Mo.**

17. (a) **Prices Branch** (b) Date thereof **9-5-1940**
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Prices Branch Cem**

18. (a) Signature of funeral director **Clarence Jones**

(b) Address **211 Florence Mo**

19. (a) **Sept 3-1940** (b) **Blanche Neely**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **3**
year **1940** hour **11** minute **45P** M.

21. I hereby certify that I attended the deceased from **Aug. 11**, 19**40**, to **Sept 3**, 19**40**
that I last saw him alive on **Sept 3**, 19**40**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Occlusion** Duration **1 hr**

Due to **Chronic Myocardial Degeneration** years

Due to **Ischemic Interstitial Hypertrophy**

Other conditions **Hypertrophy Prostate**
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: **Massive enlargement of prostate**
Of operations **No**
Of autopsy **No**

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? **23**

Without work? _____ (Specify type of place) (a) Means of injury **3**

23. Signature **H. D. Hatcher** (a) D. or other **3**
Address **MEXICO MO** Date signed **9/4/40**

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

803 E. Jackson.

RECEIVED

District Health Officer No. 10

District File Number 10-40-1920

Date Filed OCT 18 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.....

Cedric O. Jones

Registered Apprentice No. 246

working under my personal supervision.

Signed.....

Clarence A. Jones

Licensed Embalmer No. 2978

P. O. Address Bellflower Ind.

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.