

No. 2
13-40
17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

31793

State File No. _____

OCT 12 1940

Registration District No. 213

Primary Registration District No. 3014

Registrar's No. 253

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Jefferson City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
429 West Elm Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole
(c) City or town Jefferson City, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 429, West Elm Street
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME CECIL WIMMER

3. (b) If veteran, name war None 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 None 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased September 26, 1940
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>0</u>	<u>0</u>	<u>0</u>	<u>5</u> hr. <u>0</u> min.

9. Birthplace Jefferson City, Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business 0

12. Name Charles Wimmer

13. Birthplace Westphalia, Mo. 0
(City, town, or county) (State or foreign country)

14. Maiden name Martina Kaver

15. Birthplace Kansas City, Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Wimmer

(b) Address Jefferson City, Mo.

17. (a) Burial (b) Date thereof 9/27/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Resurrection

18. (a) Signature of funeral director John S. Hinnich

(b) Address Jefferson City, Mo.

19. (a) 9/28/40 (b) Robert J. Hinnich
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September, day 26th
year 1940 hour 11 minute PM M.

21. I hereby certify that I attended the deceased from 9-26, 1940, to 9-26, 1940
that I last saw h. _____ alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Unknown Duration _____

Due to Operative birth 7th Month

Due to _____

Other conditions 15A
(include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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) (a) means of injury _____

23. Signature Robert J. Hinnich (M. D. or other) _____

Address Jefferson City, Mo. Date signed 9/27/40

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, fact should be so stated above.