No. 2
-10-39
17-39
X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 25 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1573

Registration District No. 2 Primary Registration District No. 205 Registrar's No. 5

1. PLACE OF DEATH:
(a) County Andrew
(b) City or town Savannah (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Nichols Sanatorium 2 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Hospital 2 weeks (Specify whether years, months or days) In this community 2 Weeks

2. USUAL RESIDENCE OF DECEASED:
(a) State Iowa (b) County Iowa 999
(c) City or town Williamsburg 13 (If outside city or town limits write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) If foreign born, how long in U. S. A.? 71 years 2 years.

3. (a) PRINT FULL NAME Mathilda Huedepohl
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John Huedepohl
6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased May 20, 1867 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
73	8	0	hr. min.

9. Birthplace Unknown, Germany, (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
MOTHER FATHER
12. Name John Henry Heitshusen
13. Birthplace Unknown, Germany (City, town, or county) (State or foreign country)
14. Maiden name Alka Kohlmann
15. Birthplace Unknown, Germany (City, town, or county) (State or foreign country)
16. (a) Informant Anna Huedepohl
(b) Address Williamsburg Iowa
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1/21/41 (Month) (Day) (Year)
(c) Place: burial or cremation Williamsburg Iowa
18. (a) Signature of funeral director Frank A. Bowman
(b) Address Savannah Mo.
19. (a) Jan. 20-41 (Date received local registrar) (b) Mrs. Jennie Rash (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. 20 day January year 1941 hour 3 minute 12 P. M.
21. I hereby certify that I attended the deceased from Jan. 6, 1941, to Jan. 20, 1941 that I last saw her alive on Jan. 20, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Oedema of Glottis	12 hrs
Due to Pneumonia (Bronchial)	about 24 hrs
Due to	
Other conditions Epithelioma left ear (Include pregnancy within 3 months of death) Postpuerperal Cardio-vascular-Renal	
Major findings: Of operations Biopsy no operation	1 D
Of autopsy no autopsy	D

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Floyd H. Spencer (M. D. or other) M.D.
Address Gardenvale, Mo. Date signed 1-20-41

(Licensed Embalmer's Statement on Reverse Side)

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 Wm. E. Summerfield

Licensed Embalmer No. 3007

Address 3190 S. St. Joseph

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.