

WHILE MAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED JUN 24 1941 MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 18175

Registration District No. 424

Primary Registration District No. 5579

Registrar's No. 144

1. PLACE OF DEATH:  
 (a) County. JEFFERSON  
 (b) City or town. RURAL - BIG RIVER TOWNSHIP  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
 NEAR OERMANN + MO  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution.  
 In this community  
 years, months or days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State. MO (b) County. JEFFERSON  
 (c) City or town. Rural - Big River Twp.  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. near Oermann - Mo  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. ? years.

3. (a) PRINT FULL NAME. WILLIAM AUGUST VIEHLAND  
 3. (b) If veteran, name war. NONE  
 3. (c) Social Security No. NONE

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month JUNE day 18TH  
 year 1941 hour 8 minute 50 A.M.

4. Sex. MALE  
 5. Color or race. WHITE  
 6. (a) Single, widowed, married, divorced. MARRIED  
 6. (b) Name of husband or wife. ELIZABETH SAUERHAGEN  
 6. (c) Age of husband or wife if alive. 74 years  
 7. Birth date of deceased. MAY 17 1862  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 6-10-41, 1941, to 6-18-41, 1941; that I last saw him alive on June 18, 1941; and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	79	1	1	hr. min.

Immediate cause of death. Respiratory influenza  
 Due to  
 Due to  
 Other conditions. (Include pregnancy within 3 months of death)  
 Major findings:  
 Of operations  
 Of autopsy

9. Birthplace. OERMANN-JEFF. CO. MO  
 (City, town, or county) (State or foreign country)

10. Usual occupation. FARMER

11. Industry or business. OWN FARM

MOTHER FATHER { 12. Name. CHAS. VIEHLAND  
 18. Birthplace. GERMANY  
 (City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name. LOUISE SCHULTE  
 15. Birthplace. GERMANY  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature. E. H. Viehland  
 (b) Address. Nashville Mo

17. (a) BURIAL (b) Date thereof. 6-21-1941  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. St. MARTINS CEM. - DITTMER MO

18. (a) Signature of funeral director. J. Brunner  
 (b) Address. Home Springs Mo

19. (a) June 23 (b) W. E. Kitchner  
 (Date received local registrar) (Registrar's signature)

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) (e) Means of injury.  
 23. Signature. W. E. Kitchner (M. D. or other)  
 Address. 57-Clair Mo Date signed 6/19/41

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

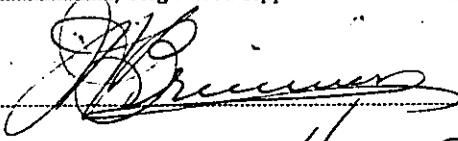
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**STATEMENT BY LICENSED EMBALMER**

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.....  
House Springs, Mo. 6470

**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.**