

FILED OCT 21 1941

Registration District No. 292

Primary Registration District No. 5410

Registrar's No. 47

1. PLACE OF DEATH:
 (a) County Franklin
 (b) City or town Boeuf (Rural)
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1 mi East of Berger
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 hours
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME JOHN FRANK KALLMEYER

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 married
 6. (b) Name of husband or wife Margaret Kallmeyer 6. (c) Age of husband or wife if alive 70 years
 7. Birth date of deceased Jan 1870
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>7</u>	<u>24</u>	hr. _____ min. _____

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

10. Usual occupation Painter & Decorator

11. Industry or business _____

MOTHER FATHER {
 12. Name Frank Kallmeyer
 13. Birthplace Germany
 (City, town, or county) (State or foreign country)
 14. Maiden name Louisa Stock
 15. Birthplace Germany
 (City, town, or county) (State or foreign country)

16. (a) Informant Edwin Kallmeyer
(b) Address Hermann, Missouri

17. (a) Burial (b) Date thereof Sep 9 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hermann City Cem.

18. (a) Signature of funeral director Hugo H. Blumer
(b) Address Hermann, Mo

19. (a) Supt (b) Calvin England
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Gasconade
 (c) City or town Hermann
 (If outside city or town limits, write "RURAL")
 (d) Street No. East 10th St.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. 6 day _____ year 1941 hour 3:00 PM minute _____ M.

21. I hereby certify that I attended the deceased from April 2 1941 to Sept 6 1941;
that I last saw him alive on Sept 5 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Valvular Heart Disease 4 Mo. +

Due to _____
Due to _____
Other conditions (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) _____ Means of injury _____

23. Signature F. J. Weasling (M. D. _____)
Address Hermann, Mo Date signed 9-7-41

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

36
0
0

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.....

Walter Blumenthal

Licensed Embalmer No. 3160

P. O. Address Hermann, Mo

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.