

No. 2
4-13-40
-17-39
I X23159

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32220

FILED SEP 29 1941

Registration District No. 660

Primary Registration District No. 4396

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Perry

(b) City or town Perryville Mo. Centre

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 81-6-17 / (Specify whether years, months or days)

3. (a) PRINT FULL NAME Henry E. Wunderlich

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Marie Wunderlich

6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased Dec. 8 1859 (Month) (Day) (Year)

8. AGE: Years 81 Months 6 Days 17 If less than one day hr. min.

9. Birthplace Perry Co. Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Farmer - Retired

11. Industry or business _____

12. Name Christian Wunderlich

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

14. Maiden name Stark

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

16. (a) Informant Jake Halter

(b) Address Perryville Mo.

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof June 27 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Perryville Mo.

18. (a) Signature of funeral director Youngs Sons

(b) Address Perryville Mo.

19. (a) June 26-41 (Date received local registrar)

(b) J. J. Zoller (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry

(c) City or town Perryville Mo. (If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25 year 1941 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from June 16 1941 to June 25 1941 that I last saw him alive on June 25 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Prima

Due to Chronic Intestinal Hypertonia

Due to _____

Other conditions (Include pregnancy within 3 months of death) 131a

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) (e) Means of injury _____

23. Signature W. H. Bailey M.D. (M. D. or other) _____

Address Perryville Mo. Date signed 6/27 1941

(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

Eward G. Young

Licensed Embalmer No.

2138

P. O. Address

Perryville 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.