

FILED NOV 13 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34486

Registration District No. 104

Primary Registration District No. 3008

Registrar's No. 272

1. PLACE OF DEATH

(a) County CALLAWAY
(b) City or town FULTON City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: CALLAWAY HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 WEEKS
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CALLAWAY
(c) City or town Telbets
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 12
year 1941 hour 1 minute 05 A.M.
21. I hereby certify that I attended the deceased from Jan 1939
to Oct 12 1941
that I last saw him alive on Oct 12 1941
and that death occurred on the date and hour stated above.
Immediate cause of death Uremic Poisoning Duration _____

3. (a) PRINT FULL NAME ERNEST F. Huebker
3. (b) If veteran, name war NO
3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race White
6. (a) Single, widowed, married, divorced 9
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec. 24 1868
(Month) (Day) (Year)

8. AGE: Years 72 Months 9 Days 17
If less than one day _____ hr. _____ min.

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

10. Usual occupation FARMER

11. Industry or business _____

MOTHER FATHER { 12. Name Fritz Huebker
13. Birthplace GERMANY
(City, town, or county) (State or foreign country)
14. Maiden name EMILINE BANNENKAMP
15. Birthplace GERMANY
(City, town, or county) (State or foreign country)

16. (a) Informant MRS ELMER TURNER
(b) Address Telbets, MO

17. (a) ~~Burial~~ Removal (b) Date thereof OCT. 13, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Chamois, MO

18. (a) Signature of funeral director Elmer Y. Manpin
(b) Address 700 Comt St. Fulton, MO.

19. (a) Oct 13, 1941 (b) R. Y. Crews
(Date received local registrar) (Registrar's signature)

Due to Colic in night water
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 134a
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)
(c) Means of injury _____
23. Signature Dr. Baulhead (M. D. or other) _____
Address Fulton MO. Date signed 10-19-41

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

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.....

Glen Y. Mauhin

Licensed Embalmer No.

2725

P. O. Address.....

Fulton, 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.