

FILED NOV 24 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34576

Registration District No. 133

Primary Registration District No. 5185

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Carroll
(b) City or town Central Bogard Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 65 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Carroll Mo (b) County Carroll
(c) City or town Rural Central Bogard
(If outside city or town limits, write "RURAL")
(d) Street No. RR no 2
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Jacob Auer

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex male 5. Color or race W. 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Cora Auer 6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased 5 2 1876
(Month) (Day) (Year)

8. AGE: Years 65 Months 5 Days 21 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business Farming
12. Name Thaddeus Auer
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name don't know
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Cora Auer
(b) Address Bogard Mo

17. (a) burial (b) Date thereof Oct 25 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Coloma
18. (a) Signature of funeral director E. G. Dickerson
(b) Address Bogard Mo

19. (a) Oct 25 1941 (b) Tamie Henderson
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 23 year 41 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from Oct 23 1941 to Oct 23 1941 that I last saw him alive on Oct 23 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary
Due to Em. Infarct
Due to cause unknown

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 9/4
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. Hamilton Date signed Oct 26
Address Carrollton Mo

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 11-14-41

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.....

E. A. Deerperson

Licensed Embalmer No.....

2534

P. O. Address.....

Bayard 7110

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.