

No. 2
-1-4-41
-1-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF VITAL RECORDS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36390

Registration District No. 884

Primary Registration District No. 6176

Registrar's No. 24

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

1. PLACE OF DEATH:

(a) County WARREN
(b) City or town TRELOAR, MO.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: BLANK
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution BLANK
In this community 83 YRS 5 MO 18 DAYS
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME HENRY WM. PLOEGER

3. (b) If veteran, name war BLANK 3. (c) Social Security No. BLANK

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MARY PLOEGER Age of husband or wife if alive 71 years

7. Birth date of deceased APRIL 20TH 1858
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
83 5 18 BLANK hr. min.

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

10. Usual occupation FARMER

11. Industry or business BLANK

12. Name FRITZ PLOEGER

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

14. Maiden name CHRISTINA AUFTERHAAR

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

16. (a) Informant H. J. Ploeger
(b) Address MARTHASVILLE, MO.

17. (a) BURIAL (b) Date thereof 10-11-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Holstein, Mo.

18. (a) Signature of funeral director Fred W. Schickel

(b) Address Marthasville, Mo.

19. (a) Oct 10/41 (b) H. J. Ploeger
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 8
year 1941 hour one minute 20 P.M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____

that I last saw him alive on _____ 19____ and that death occurred on the date and hour stated above.

Immediate cause of death Aortic Incompetency Duration _____

Due to Chronic Myocarditis

Due to _____

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

Major findings: Of operations 930

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 3

23. Signature Mrs F H King (M.D. or other) Coroner

Address Warrenton, Mo. Date signed Oct 8

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: *Fred W. Leathenbery*

Licensed Embalmer No. *1321*

P. O. Address *Marthasville*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.