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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

DEC 15 1941

Registration District No. 296

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4180

38255

State File No.

Registrar's No.

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

1. PLACE OF DEATH:

(a) County: Franklin

(b) City or town: Union (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 618 E. Main (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ In this community 34 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri. (b) County: Franklin

(c) City or town: Union (If outside city or town limits write "RURAL")

(d) Street No. 618 Main East (If rural, give location)

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

3. (a) PRINT FULL NAME: Emil J. Kaufmann

3. (b) If veteran, name war ____

3. (c) Social Security No. 17674

4. Sex: Male

5. Color or race: White

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

6. (b) Name of ~~husband or~~ wife: Mrs. Lena Kaufmann

6. (c) Age of ~~husband or~~ wife if alive: 50 years

7. Birth date of deceased: July (Month) 5 (Day) 1879 (Year)

8. AGE: Years 62 Months 5 Days 21 If less than one day ____ hr. ____ min.

9. Birthplace: Sebaspoll, (City, town, or county) Illinois. (State or foreign country)

10. Usual occupation: Office Work

11. Industry or business: Shoe Factory

FATHER
12. Name: Rudolph Kaufmann
13. Birthplace: Switzerland (City, town, or county) ____ (State or foreign country)

MOTHER
14. Maiden name: Julia Kemp
15. Birthplace: Germany (City, town, or county) ____ (State or foreign country)

16. (a) Informant: Mrs. Lena Kaufmann
(b) Address: Union, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Nov 30 1941 (Month) (Day) (Year)
(c) Place: burial or cremation: Union, Mo.

18. (a) Signature of funeral director: Wm. Horn
(b) Address: Union, Missouri

19. (a) 11-29-41 (Date received local registrar) (b) Louis F. Howe M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 26 year 1941 hour 8 minute 15 A. M.

21. I hereby certify that I attended the deceased from Feb 18, 1937, to Nov 26, 1941, that I last saw him alive on Nov 26, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac Infarction — Duration: 45 min

Due to ____

Due to ____

Other conditions (Include pregnancy within 3 months of death): 94 W

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? ____ (Specify type of place)
While at work? ____ (e) Means of injury ____

23. Signature: Louis F. Howe (M. D. or other)
Address: Union Mo. Date signed 11-29-41

(Licensed Embalmer's Statement on Reverse Side)

35 92

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 Wm H. Horn

Licensed Embalmer No. 3175

P. O. Address Union, 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, above space should be left blank.