

X29484

Registration District No. 89

Primary Registration District No. 3007

Registrar's No. 20

12  
9  
3

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

1. PLACE OF DEATH:

(a) County Butler

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

(c) Name of hospital or institution:  
124 South Eleventh St.  
(If not in hospital or institution, write street number or location)

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

In this community Several Years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler

(c) City or town Poplar Bluff  
(If outside city or town limits, write "RURAL")

(d) Street No. 124 S. Eleventh  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME William Mohnkern

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 22  
year 1942 hour 4 to 6 minute A. M.

21. I hereby certify that I attended the deceased from Nov 1  
1941 to Jan 21, 1942  
that I last saw h im alive on Jan 21, 1942  
and that death occurred on the date and hour stated above.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Dora Mohnkern

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased July 16 1882  
(Month) (Day) (Year)

Immediate cause of death Cardiac Dilatation

Due to Hypertension

Due to Myocarditis

Other conditions 95c 4  
(Include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>5</u>	<u>6</u>	hr. _____ min. _____

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

10. Usual occupation Retired Conductor

11. Industry or business Railroad

12. Name Louis Mohnkern

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Dora Mohnkern  
(b) Address Poplar Bluff, Mo.

17. (a) Removal (b) Date thereof Jan. 24, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Little Rock, Ark

18. (a) Signature of funeral director Greer Croy Service

(b) Address Poplar Bluff, Mo.

19. (a) 1-23-42 (b) Belle Kienne  
(Date received local registrar) (Registrar's signature)

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 Frank E. Duell (M.D. or other)  
Address Poplar Bluff Date signed 1/23/42

RECEIVED

District Health Office No. 2,

District File Number 242-222

Date Filed 2-11-42

---

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.....

*Wallace N. Fitch*

Licensed Embalmer No. 3859

P. O. Address Opola Bluff, 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.