No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 27 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6534

Registration District No. 297 | Primary Registration District No. 306 | Registrar's No. 7

36 6 2

1. PLACE OF DEATH:
(a) County: Franklin.
(b) City or town: Washington. Jun
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 607 S. Jefferson St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: None (Specify whether years, months or days)
In this community: 86 yrs. 1 mo. 12 das.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Franklin 36
(c) City or town: Washington 6
(If outside city or town limits, write "RURAL") 2
(d) Street No.: 607 S. Jefferson St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? x years.

3. (a) PRINT FULL NAME: John Abkemeyer.

3. (b) If veteran, name war: x

3. (c) Social Security No.: x

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: x

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

7. Birth date of deceased: Dec. (Month) 10th, (Day) 1855 (Year)

8. AGE: Years 86 | Months 1 | Days 12 | If less than one day: hr. min.

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

10. Usual occupation: Stock dealer.

11. Industry or business: x

MOTHER FATHER

12. Name: Henry Abkemeyer.

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

14. Maiden name: Mary Dohrenkemper.

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

16. (a) Informant: Henry Abkemeyer
(b) Address: 607 S. Jefferson St. Washington, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan. 26, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation: Washington, Mo.

18. (a) Signature of funeral director: Niebuger Litt, Inc.
(b) Address: Washington, Mo

19. (a) Jan. 23-1942 (Date received local registrar) (b) H. B. May (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 22nd, year 1942 hour 12:00 minute 20 P. M.

21. I hereby certify that I attended the deceased from Apr 15 41, 19__, to Jan 22 42, 19__; that I last saw him alive on Jan 21 1942, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary schlerosis	6 month
Due to: Artorial hypertension	1 yr
Due to: Chronic prostatis	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 137a
Of autopsy: No

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): No
(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: F. Goodrich (M. D. or other) MD
Address: Washington Mo Date signed: 1-22-42

210 (Licensed Embalmer's Statement on Reverse Side)

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~~ Me.

Lester H. Witt, ~~Registered Apprentice~~ No.

working under my personal supervision.

Signed Lester H. Witt

Licensed Embalmer No. 3254

P. O. Address Washington, Me.

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.