S. No. 2
I—1-4-41
. 5-17-39
I X26390

76
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 22 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18642

Registration District No. 640 Primary Registration District No. 5849 Registrar's No.

1. PLACE OF DEATH:

(a) County Osage

(b) City or town Linn. Crawford Twp.
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution (Specify whether
In this community 50 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 76

(a) State Missouri (b) County Osage 0

(c) City or town Linn, Mo. 0
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Henry Hundepohl

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Christene Hundepohl

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

7. Birth date of deceased Sept (Month) 17, (Day) 1870 (Year)

8. AGE:	Years	Months	Days	If less than one day
	71	7	28	hr. min.

9. Birthplace Westphalia, (City, town, or county) Missouri (State or foreign country) 6

10. Usual occupation Farmer

11. Industry or business Farming.

FATHER
12. Name John Hundepohl
13. Birthplace Unknown (City, town, or county) (State or foreign country) 4

MOTHER
14. Maiden name Miss. Hoer
15. Birthplace Unknown (City, town, or county) (State or foreign country) 4

16. (a) Informant Mrs. Ed Lock
(b) Address Linn, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-18-42 (Month) (Day) (Year)
(c) Place: burial or cremation Linn Catholic Cemetary

18. (a) Signature of funeral director Morton Funeral Home
(b) Address Box 144, Linn, Mo.

19. (a) May 18-42 (Date received local registrar) (b) Ed Dunnavant (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15
year 1942 hour 10 minute 50 A.M.

21. I hereby certify that I attended the deceased from Mar 26, 1942, to Mar 26, 1942
that I last saw him alive on Mar 26, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocardial failure	
Due to Mitral Stenosis	
Due to Hypertension	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

92 B

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 N. W. Baldwin (M. D. or other) D.O.
Address Linn, Mo. Date signed May 18 '42

1284 (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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....Vernon M. Moil

Licensed Embalmer No.....4125

P. O. Address.....Lynn Ma

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.