

STANDARD CERTIFICATE OF DEATH

State File No. 26553

SEP 11 1942

Registration District No. 1

Primary Registration District No. 3000

Registrar's No. 233

1. PLACE OF DEATH:

- (a) County Adair
- (b) City or town Parksville  
(If outside city or town limits, write "RURAL" and name of township)
- (c) Name of hospital or institution:  
Community Nursing Home  
(If not in hospital or institution, write street number or location)
- (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether years, months or days)

In this community Aug 12 '42 to Sept 1 - '42

3. (a) PRINT FULL NAME KOHLMEYER, C.F.

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. no no.

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Mar 5 1866  
(Month) (Day) (Year)

8. AGE: Years 77 Months 5 Days 26 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Adair Co Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation storekeeper

11. Industry or business \_\_\_\_\_

12. Name Jacob Hochmeyer

13. Birthplace Germany

14. Maiden name Christiana

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

16. (a) Informant Kate Bragg

(b) Address Parksville Mo

17. (a) Burial (b) Date thereof 9-8-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Millard

18. (a) Signature of funeral director Sumner & Ponsel

(b) Address Parksville Mo

19. (a) 9/1/42 (b) Mrs. J. Wayner  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Adair
- (c) City or town Millard  
(If outside city or town limits, write "RURAL")
- (d) Street No. \_\_\_\_\_ (If rural, give location)
- (e) Citizen of foreign country? \_\_\_\_\_ (Yes/No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 1 year 1942 hour 8:00 minute \_\_\_\_\_ P.M.

21. I hereby certify that I attended the deceased from Aug 12, 1942 to Sept 1, 1942 that I last saw him alive on Sept 1 - 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Acute myocardial failure

Due to Pneumonia & Bacteremia

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 Arthur P. Baim (M.D. or other) DO

Address Parksville Mo Date signed 9/1/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 10

District File Number 9-42-1696

Date Filed SEP - 8 1942

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 W. C. Summers

Licensed Embalmer No. 2159

P. O. Address Starksville

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.