V. S. No. 2
OM—9-4-41
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 21 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

27117

State File No.

Registration District No. 54-24 306 Primary Registration District No. 306542 4 Registrar's No.

37
0
0

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

1. PLACE OF DEATH:

(a) County GASCONADE

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

(c) Name of hospital or institution: NEAR DRAKE / MO.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 84 YRS.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County GASCONADE 37

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

(d) Street No. NEAR DRAKE MO
(If rural, give location)

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

If yes, name country — 0

3. (a) PRINT FULL NAME SIMON SUENKEL

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 2 WIDOWED

6. (b) Name of husband or wife LOUISA SUENKEL 6. (c) Age of husband or wife if alive DEAD years

7. Birth date of deceased DEC. (Month) 22 (Day) 1857 (Year)

8. AGE:

Years	Months	Days	If less than one day
84	7	9	hr. min.

9. Birthplace DRAKE (City, town, or county) MISSOURI (State or foreign country) 0

10. Usual occupation FARMING

11. Industry or business

FATHER
12. Name SIMON SUENKEL
13. Birthplace — (City, town, or county) GERMANY 4 (State or foreign country)

MOTHER
14. Maiden name ELIZABETH SCHOEMAN
15. Birthplace — (City, town, or county) GERMANY 4 (State or foreign country)

16. (a) Informant A.B. SUENKEL
(b) Address HERMAN MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof AUG. 2 1942 (Month) (Day) (Year)
(c) Place: burial or cremation ZOAR M.E.CEM DRAKE MO

18. (a) Signature of funeral director W. F. Gottenstraeter
(b) Address Owensville Mo.

19. (a) July 31, 1942 (Date received local registrar) (b) Mrs. F. B. Meyer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 31
year 1942 hour 1 minute a M.

21. I hereby certify that I attended the deceased from July 30, 1942, to July 31, 1942
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Haemorrage	
Due to Hypertension	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 830
Of autopsy None

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 0

23. Signature John Engelbrecht (M. D. or other)
Address Stony Hill, Mo. Date signed 7-31-42

1262 (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

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

working under my personal supervision.

Signed Milford Winter

Licensed Embalmer No. 3838

P. O. Address: Owensville 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.