

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

30314

State File No.

Registrar's No. 32

Registration District No. 119

Primary Registration District No. 4193

1. PLACE OF DEATH:

(a) County Gasconade
(b) City or town Hermann
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
501 East First Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 years (Specify whether years, months or days)
In this community 14 years

3. (a) PRINT FULL NAME

Nicolas Duffner

3. (b) If veteran, name war. -----

3. (c) Social Security No. -----

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife Louisa Duffner 6. (c) Age of husband or wife if alive (dec'd) years
7. Birth date of deceased Oct. 22, 1853
(Month) (Day) (Year)

8. AGE: Years 88 Months 9 Days 24 If less than one day hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business

12. Name Unknown
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant George Duffner
(b) Address Hermann, Missouri

17. (a) Burial (b) Date thereof 8/17/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Geo. Catholic Cem

18. (a) Signature of funeral director Hugo H. Blumer
(b) Address Hermann, Missouri

19. (a) Aug. 17-42 (b) A. H. Hedler
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade
(c) City or town Hermann
(If outside city or town limits, write "RURAL")
(d) Street No. 501 East First Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country. 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 15
year 1942 hour 7 minute 35A.M.

21. I hereby certify that I attended the deceased from July 11, 1942 to August 15, 1942
that I last saw him alive on August 13, 1942, 19____
and that death occurred on the date and hour stated above.
Immediate cause of death Gangrene Duration 25 days

Due to Arterial thrombosis in ant. tibial artery.

Due to

Other conditions hypertrophy of prostate
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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?

While at work? (Specify type of place) (c) Means of injury 2

23. Signature A. H. Hedler (M. D. or other) D. O.

Address Hermann, Mo. Date signed

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

1261

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.....

Hege St. Blumner

Licensed Embalmer No. 3160

P. O. Address. Hermann, Missouri

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.