

S. No. 2
M-9-4-41
ev. 5-17-39
PI X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

30699

State File No. _____

FILED OCT 13 1942

Registration District No. 172

Primary Registration District No. 3034

Registrar's No. 51

54
2
1

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

1. PLACE OF DEATH:

(a) County Lafayette

(b) City or town Higginsville
(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 _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette

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

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

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

If yes, name country _____

3. (a) PRINT FULL NAME William Rime

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 2
year 1942 hour 9 minute 00 A. M.

4. Sex Male 5. Color or Race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Aug 18 1855
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 31 1942 to Sept 2 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 Coronary - Bypass Duration 2 wks.

8. AGE: Years 87 Months 19 Days _____ If less than one day _____ hr. _____ min.

Due to Diabetes mellitus many years.

Due to _____

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

Other conditions _____
(Include pregnancy within 3 months of death)

10. Usual occupation Retired Farmer

Major findings: None

Of operations None

Of autopsy None

11. Industry or business _____

12. Name Do not know

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Do not know

15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. The Sunfield

(b) Address Higginsville, Mo.

17. (a) Buried (b) Date thereof Sept 4 - 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Higginsville, Mo.

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? _____

18. (a) Signature of funeral director W. W. Braecklein

(b) Address Higginsville, Mo.

19. (a) 9-5-1942 (b) Dr. W. A. Braecklein
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature W. Kappenberg (M. D. or other) _____

Address Higginsville, Mo. Date signed 9-3-42

1187 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed

10-9-42

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

Roy F. Wiegens

Licensed Embalmer No.

Higginsville

P. O. Address

2883

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.