

FILED DEC 3 1942
Registration District No. 618

Primary Registration District No. 3017

Registrar's No. 152

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

1. PLACE OF DEATH:

(a) County Cooper
(b) City or town Boonville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph Hospital.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Days.
(Specify whether
In this community All of life.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper
(c) City or town Boonville
(If outside city or town limits, write "RURAL")
(d) Street No. 123 High Street.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? 0 years.

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 26
year 1942 hour 1 minute P. M.
21. I hereby certify that I attended the deceased from
Nov 25, 1942 to Nov. 26, 1942
that I last saw him alive on Nov. 26, 1942
and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME Frank Winkelmeyer.

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 Single

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

7. Birth date of deceased: June (Month) 5 (Day) 1860 (Year)

8. AGE: Years 81 Months 5 Days 31 If less than one day hr. --- min. ---

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

10. Usual occupation Laborer
11. Industry or business Street Department

12. Name G. H. Winkelmeyer.
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Christina Walther
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant L. O. Schaumburg.
(b) Address Boonville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 29th/42 (Month) (Day) (Year)
(c) Place: burial or cremation Walnut Grove Cem.

18. (a) Signature of funeral director Goodman & Keller
(b) Address Boonville, Mo.

19. (a) Nov-29 (Date received local registrar) (b) Dr Chas. Swap (Registrar's signature)

Immediate cause of death Intestinal obstruction 3 days.

Due to Carcinoma of Rectum. ?
Due to _____

Other conditions Asthenia-Sclerosis yrs. 4
(Include pregnancy within 3 months of death)

Major findings: Of operations H&E
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? _____

(Specify type of place) While at work? _____ (e) Means of injury ---
23. Signature W.H. Ziegler (M. D. or other) MD
Address Boonville Mo Date signed 11-28-42

RECEIVED

District Health Officer No. 8

District File Number _____

Date Filed 12-1-42

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 G. F. Pollard

Licensed Embalmer No. 3062

P. O. Address Boonville, 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.