

No. 2  
9-4-41  
17-39

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

21199

State File No. ....

FILED JUL 12 1943  
Registration District No. 57

Primary Registration District No. 3017

Registrar's No. 75

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'S HOSPITAL**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **6 WEEKS** (Specify whether years, months or days)

In this community **6 WEEKS**

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **COOPER**

(c) City or town **SALINE TOWNSHIP**  
(If outside city or town limits, write "RURAL")

(d) Street No. **9 MILES EAST OF BOONVILLE**  
(If rural, give location)

(e) Citizen of foreign country? **YES** (Yes or No)  
If yes, name country **SWITZERLAND**

3. (a) PRINT FULL NAME **JOSEPH HUWILER**

3. (b) If veteran, name war **NONE**

3. (c) Social Security No. **NONE**

4. Sex **MALE**

5. Color or race **WHITE**

6. (a) Single, widowed, married, divorced **WIDOWED**

6. (b) Name of husband or wife **MOLLIE A. HUWILER**

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

7. Birth date of deceased **MARCH 15 1869**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>74</b>	<b>2</b>	<b>20</b>	hr. min.

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

10. Usual occupation **FARMING**

11. Industry or business **FARM**

12. Name **UNKNOWN**

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

14. Maiden name **UNKNOWN**

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

16. (a) Informant **MRS OSCAR LAUER**

(b) Address **BOONVILLE, MO.**

17. (a) **BURIAL** (b) Date thereof **6/5/43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **WALNUT GROVE CEMETERY**

18. (a) Signature of funeral director **STEGNER & KOENIG**

(b) Address **BOONVILLE, MO.**

19. (a) **JUNE 5 - 43** (b) **Dr. Chas. Swap**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **JUNE** day **3rd**  
year **1943** hour **5:45** minute **PM**

21. I hereby certify that I attended the deceased from **April 13**, 19**43**, to **June 3**, 19**43**;  
that I last saw him alive on **June 3**, 19**43**;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Lobar Pneumonia** Duration **3 days**

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death) **108**

Major findings: Of operations .....

Of autopsy **Lobar Pneumonia**

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) (e) Means of injury .....

23. Signature **J.C. Fincher** (M. D. or other) **M.D.**

Address **Boonville Mo** Date signed **June 6, 43**

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

MOTHER FATHER

1083

RECEIVED

District Health Officer No. 8

District File Number

Date Filed

7-9-43

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.....

*James W. Stegner*

Licensed Embalmer No.....

3780

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.