

ED JUL 10 1948

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

21280  
Do not use this space.

1. PLACE OF DEATH

(a) County Franklin Registration District No. 115  
(b) Township Union Primary Registration District No. 5433 Registered No. 319  
(c) City Union Mo. R.R. (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
(e) Length of residence in city or town where death occurred \_\_\_\_\_ yrs. mos. da. (f) How long in U. S., if of foreign birth? \_\_\_\_\_ yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. R.R. Union Mo. St.  (If nonresident, give city or town and State) 1  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 12 1872  
7. AGE YEARS 71 MONTHS 3 DAYS 13 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farming  
9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_  
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Union Mo.  
13. NAME H. W. Maune  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany  
15. MAIDEN NAME Louise Kiewitz  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Anna E. Peters (ADDRESS) Union Mo.  
18. BURIAL, CREMATION, OR REMOVAL St. John Mantle DATE 6/28 19. FURNERAL DIRECTOR (NAME) (ADDRESS) E. H. Oldman Union Mo.  
20. FILED 6/26/48 19. Conrad Rieger Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 25 1948  
22. I HEREBY CERTIFY That I attended deceased from June 25 1948 to June 25 1948  
I last saw h. i. m. alive on 6-25 1948 Death is said to have occurred on the date stated above, at 8:50 P.M.  
The principal cause of death and related causes of importance were as follows:  
Decomposition of stomach  
Other contributory causes of importance: 468  
7690 cad 1675  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis 11/11/48/1 Was there an autopsy? No.  
23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_ 19 \_\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_  
Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_  
24. Was disease or injury in any way related to occupation of deceased? No.  
If so, specify \_\_\_\_\_ (Signed) H. M. Henry M. D.  
(Address) Union Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**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.....

*E. F. Oltnann*

Licensed Embalmer No. *1686*

P. O. Address *Union 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, above space should be left blank.**