V. S. No. 2
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Rev. 5-1943
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

JUL 7 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21930

Registration District No. 208 Primary Registration District No. 4320 Registrar's No. 31

64
2
0

1. PLACE OF DEATH:

(a) County: Marion Mo.

(b) City or town: Palmyra Mo.
(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 XXX (Specify whether years, months or days)
In this community 50 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Marion 2

(c) City or town: Palmyra Mo. 0
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country: Germany 0

3. (a) PRINT FULL NAME: Joseph Aurmbuster

3. (b) If veteran, name war: XXXXXX

3. (c) Social Security No. XXXXX

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Delia H. Burghoffer

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

7. Birth date of deceased: 3 (Month) 6 (Day) 1849 (Year)

8. AGE: Years 94 Months 3 Days 9 If less than one day: hr. min.

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

10. Usual occupation: Retired Plummer

11. Industry or business: XXXXXXXXXXX

MOTHER FATHER

12. Name: Not Known

13. Birthplace: Not Known (City, town, or county) 9 (State or foreign country)

14. Maiden name: Not Known

15. Birthplace: Not Known (City, town, or county) 9 (State or foreign country)

16. (a) Informant: Cemetary & Church Records

(b) Address: At Palmyra Mo.

17. (a) Palmyra Mo. (Burial, cremation, or removal) (b) Date thereof: 6-18-1943 (Month) (Day) (Year)

(c) Place: burial or cremation: Greenwood Cemetary

18. (a) Signature of funeral director: C. M. Sprague

(b) Address: P.O. Box 181 Palmyra Mo.

19. (a) 6-17-43 (Date received local registrar) (b) Mrs Margaret Mulloy Deputy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 15 year 1943 hour 1 minute 20 AM.

21. I hereby certify that I attended the deceased from June 14-43, 19..., to June 14, 1943; that I last saw h... alive on June 14, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death: Malignant Carcinoma from abd. Duration: 1-Day

Due to:

Due to:

Other conditions (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? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: J. A. Kreeller (M. D. or other)

Address: Palmyra Mo. Date signed 6/17/43

1145-1

(Licensed Embalmer's Statement on Reverse Side)

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 R. M. Sprague

Licensed Embalmer No. 999

P. O. Address Palmyra 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.