

FILED AUG 10 1943 273

Registration District No. **273**

Primary Registration District No. **5914**

Registrar's No. **70**

1. PLACE OF DEATH:

(a) County **Porry**

(b) City or town **Wittenborg 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 **65 Years**
(Specify whether years, months or days)

In this community **65 Years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Porry**

(c) City or town **Wittenborg Mo.**
(If outside city or town limits, write "RURAL")

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

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

3. (a) PRINT FULL NAME **Fredorich Gomoinhardt**

3. (b) If veteran, name war **/**

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 **/**

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

7. Birth date of deceased **August 5 1852**
(Month) (Day) (Year)

8. AGE: Years **90** Months **11** Days **15**
If less than one day **/** hr. **/** min.

9. Birthplace **Gormany 4**
(City, town, or county) (State or foreign country)

10. Usual occupation **Engineer (Retired)**

11. Industry or business **/**

MOTHER FATHER { 12. Name **Fredorich Gomoinhardt Sr.**

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

14. Maiden name **Christino Karl**

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

16. (a) Informant **Walter Gomoinhardt**

(b) Address **Wittenborg Mo.**

17. (a) **Burial** (b) Date thereof **7-23-1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Wittenborg Mo.**

18. (a) Signature of funeral director **Youngt Sapp**

(b) Address **Porryville Mo.**

19. (a) **7-22-1943** (b) **Shirley Elder**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **20** year **1943** hour **1** minute **20** P.M.

21. I hereby certify that I attended the deceased from **March 18th 19⁴²** to **July 20th 19⁴³** and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Hepatitis** **2 yrs.**

Due to **Chronic Prostatitis** **2 yrs**

Due to **/**

Other conditions (Include pregnancy within 3 months of death) **1318**

PHYSICIAN

Major findings: Of operations **/**

Of autopsy **/**

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 **Theodore Fischer** Means of injury **/**

23. Signature **Theodore Fischer** (M. D. or other) **M.D.**

Address **Altburg MO** Date signed **7-22-43**

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

RECEIVED

District Health Officer No. 4
District File Number 843-2604
Date Filed 8-11-43

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 Wallace Young

Licensed Embalmer No. 7027

P. O. Address Perryville 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.