

S. No. 2  
1-9441  
5-17-39  
I X25

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

31291

State File No.

Registrar's No.

FILED OCT 7 1943

Registration District No.

Primary Registration District No.

3007

284

1. PLACE OF DEATH:

(a) County Butler  
(b) City or town Peoplar Bluff  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Peoplar Bluff Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 weeks  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Bollinger  
(c) City or town Glen Allen  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Caroline Huenler

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

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

7. Birth date of deceased March 13 1887  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
76 6 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Bollinger Co. Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Hwf.

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Christian Stamm 13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Scharrer 15. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant Allen Buehler  
(b) Address Glen Allen, Mo.

17. (a) Burial (b) Date thereof Sept. 15, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Glen Allen, Mo.

18. (a) Signature of funeral director Baker Funeral Home  
(b) Address Lutesville, Mo. G. E. Huetten

19. (a) 9-16-43 (b) Belle Turner  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 13th  
year 1943 hour 6:00 minute 30 P. M.

21. I hereby certify that I attended the deceased from 8-15 1943 to 9-13 1943  
that I last saw him alive on 9-13-43 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia  
Due to \_\_\_\_\_  
Due to 153!!  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations none  
Of autopsy none

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 [Signature] (M. D. or other) \_\_\_\_\_  
Address [Signature] Date signed \_\_\_\_\_

(Licensed Embalmer's Statement on Reverse Side)

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

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Office No. 2,

District File Number 1043-1225

Date Filed 10-5-43

**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.....

*J. E. Graham*

Licensed Embalmer No.....

4010

P. O. Address.....

*Luttrell, 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.**