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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **31409**

OCT 13 1943
Registration District No. **39**

Primary Registration District No. **4097**

Registrar's No. **175**

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

1. PLACE OF DEATH: **Cars**
(a) County **Cars**
(b) City or town **Harrisonville**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **35 years** (Specify whether years, months or days)
In this community **35 years**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo** (b) County **Cars**
(c) City or town **Harrisonville**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? **1** years.

3. (a) PRINT FULL NAME **FRED UNNEWEHR**
(b) If veteran, name war _____
3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Sept** day **30**
year **1943** hour **10:45** minute **P.** M.

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
(b) Name of husband or wife **Missie Unnewehr**
6. (c) Age of husband or wife if alive **77** years
7. Birth date of deceased **Sept 17 1862**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Sept 27**, 1943, to **Sept 30**, 1943, that I last saw him alive on **Sept 30**, 1943, and that death occurred on the date and hour stated above.

8. AGE: Years **81** Months **0** Days **13**
If less than one day hr. _____ min. _____

Immediate cause of death **Prostatism**
Duration _____

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

Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) **B7a**

10. Usual occupation **Farm - Retired**

Major findings: Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER
12. Name **Herman Unnewehr**
13. Birthplace **Germany**
14. Maiden name **Wilhelmina Unnewehr**
16. Birthplace **Germany**

16. (a) Informant **Wilhelmine Thomas**
(b) Address **Harrisonville, Mo.**
17. (a) **Burial** (b) Date thereof **Oct 2 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

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? _____

(c) Place: burial or cremation **Pleasant Ridge Ch. RUNNENBURGER'S**
18. (a) Signature of funeral director _____
(b) Address **HARRISONVILLE, MO.**
19. (a) **Oct. 2, 1943** (b) **Margaret Valle**
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
(c) Means of injury _____
23. Signature **J. S. Triplett M.D.** (M.D. or other)
Address **Harrisonville, Mo.** Date signed **10/2/43**

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 _____

_____ working under my personal supervision.

Registered Apprentice No. _____

Signed _____

Ernest Remmenbeger

Licensed Embalmer No. 3368

P. O. Address Harrisonville, 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.