S. No. 2
M—5-42
7. 5-17-39
P I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 5 1944

Registration District No. 362

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12415

Primary Registration District No. 6234

Registrar's No. 13

1. PLACE OF DEATH:
(a) County: Warren
(b) City or town: Truesdale (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: (Specify whether years, months or days) In this community: life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Warren
(c) City or town: Truesdale (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Carrie W. Duewel
3. (b) If veteran, name war
3. (c) Social Security No. none
4. Sex: female
5. Color or race: white
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Henry C. Duewel
6. (c) Age of husband or wife if alive: 77 years
7. Birth date of deceased: April (Month) 28, (Day) 1865 (Year)

8. AGE:	Years	Months	Days	If less than one day
	78	10	10	hr. min.

9. Birthplace: Lincoln County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
FATHER 12. Name: Henry Boehmer
13. Birthplace: Germany (City, town, or county) 4 (State or foreign country)
MOTHER 14. Maiden name: Sophia Niehuss
15. Birthplace: Germany (City, town, or county) 4 (State or foreign country)
16. (a) Informant: Mr. Henry C. Duewel
(b) Address: Truesdale, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-10-44 (Month) (Day) (Year)
(c) Place: burial or cremation: Warrenton, Mo.
18. (a) Signature of funeral director: F. W. Siebum & Co
(b) Address: Warrenton, Mo.
19. (a) Mar. 10 1944 (Date received local registrar) (b) John A. Bekermeyer (Registrar's signature)

MEDICAL CERTIFICATION:
20. DATE OF DEATH: Month March day 7 year 1944 hour 2:30 minute P. M.
21. I hereby certify that I attended the deceased from 2:15 P.M. March 7 1944, to 2:30 P.M. March 7 1944, that I last saw h. alive on March 7 1944, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary occlusion	1 hour
Due to: Myocarditis	
Due to:	
Other conditions: Senility (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: John H. Dyer (M. D. or other)
Address: Warrenton, Mo. Date signed Mar. 8-44

1264 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 4-4-44

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 John T. Liebing
Licensed Embalmer No. 3897
P. O. Address Warrenton, 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.