

V. S. No. 2
M-11-10-39
5-17-39
X21492

18611

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAY 17 1944

Registration District No. 207

Primary Registration District No. 4318

Registrar's No. 61

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

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1. PLACE OF DEATH:

(a) County Waverly

(b) City or town Vienna
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: VI
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days

8. (a) PRINT FULL NAME PAUL H. IHLER

9. (b) If veteran _____ name war _____

3. (c) Social Security No. _____

4. Sex Male 5. Color or race White

6. (a) Name of husband or wife Lucille IHLER

7. Birth date of deceased: 9 (Month) 13 (Day) 1912 (Year)

6. (a) Single, widowed, married, divorced Married

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

8. AGE: Years 31 Months 7 Days 15 If less than one day _____ hr. _____ min.

9. Birthplace: Vienna Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name John IHLER

13. Birthplace Wardville Mo
(City, town, or county) (State or foreign country)

14. Maiden name Emma Greenman

15. Birthplace Wardville Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Emma IHLER

(b) Address Vienna Mo

17. (a) Burial (b) Date thereof 5-1-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Vienna Mo

18. (a) Signature of funeral director H. C. Cunningham

(b) Address Vienna Mo

19. (a) 5/4/44 (b) E. Anna Bassett
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Waverly

(c) City or town Vienna Mo
(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.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April 28, 1944
year _____ hour 12:30 minute _____ P. M.

21. I hereby certify that I attended the deceased from April 26, 1944 to April 27, 1944
that I last saw im alive on April 27, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: 930

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? _____

While at work? _____ (Specify type of place) (a) Means of injury _____

23. Signature S. C. Howard (M.D. or other) D.O.
Address Vienna, Mo. Date signed 5/2/44

1096

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 5-15-44

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.....

working under my personal supervision.

Registered Apprentice No.....

Signed W. C. Burdick

Licensed Embalmer No. 3664

P. O. Address Cuba, 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.