V. S. No. 2
100M—8-43
Rev. 5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 12 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24983

Registration District No. 162 Primary Registration District No. 5595 Registrar's No. 23

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

50
0
0

1. PLACE OF DEATH:

(a) County JEFFERSON

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

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

(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days)

In this community LIFETIME

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JEFFERSON 50 0 0

(c) City or town RURAL
(If outside city or town limits, write "RURAL")

(d) Street No. NEAR SECKMAN, Mo
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) 0

If yes, name country — — — —

3. (a) PRINT FULL NAME MARIE E. NAUMANN

3. (b) If veteran, name war — —

3. (c) Social Security No. NONE

4. Sex F

5. Color or race W.

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

6. (b) Name of husband or wife JOSEPH NAUMANN

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased SEPT (Month) 7 (Day) 1892 (Year)

8. AGE: Years 51 Months 10 Days 5 If less than one day ___ hr. ___ min.

9. Birthplace SECKMAN, Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business Home

FATHER
12. Name CHARLES ROLF
13. Birthplace ? Mo. 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name CHRISTENA GEIB
15. Birthplace SECKMAN Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant MR. FRED. ROLF

(b) Address KIMMSWICK Mo. R.R.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 15, 1944 (Month) (Day) (Year)

(c) Place: burial or cremation BURGESS CEM. ANTONIA, Mo.

18. (a) Signature of funeral director HEILIGTAG FUNERAL HOME

(b) Address KIMMSWICK, Mo.

19. (a) 7/15/44 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 12TH year 1944 hour 10TH minute P. M.

21. I hereby certify that I attended the deceased from Jan 1940, 19__, to July 10, 1944 that I last saw him alive on " " 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Myocarditis

Due to

Due to 131a

Other conditions (Include pregnancy within 3 months of death) Interstitial Nephritis

Major findings:
Of operations

Of autopsy

Duration

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 O. Reich M.D. (M. D. or other) 0

Address Kimmswick Mo Date signed 7/13/44

1266

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 8-10-44
AUG 16 1944

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 Arthur W. Heiligtag

Licensed Embalmer No. 3872

P. O. Address Brunswick, 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.