

No. 2
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5-17-39
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THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27673
Registrar's No. 31

FILED SEP 13 1944

Registration District No. 1174 Primary Registration District No. 4186

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

1. PLACE OF DEATH: Franklin
(a) County Sullivan
(b) City or town Sullivan
(c) Name of hospital or institution: At home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. All his life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Franklin
(c) City or town Sullivan
(d) Street No.
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Francis Isaac Immekus
(b) If veteran, name war. No (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August day 22 year 1944 hour 1:00 minute P.M.

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced. Married
6. (b) Name of husband or wife Lucy Immekus 6. (c) Age of husband or wife if alive years
7. Birth date of deceased July 22, 1877 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.
Immediate cause of death

8. AGE: Years 67 Months I Days 0 If less than one day hr. min.

Due to Coronary Thrombosis
Due to 940
Other conditions (Include pregnancy within 3 months of death)

9. Birthplace Sullivan, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Carpenter

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

11. Industry or business
12. Name Martin Immekus
13. Birthplace Missouri (City, town, or county) (State or foreign country)
14. Maiden name Lizzie West
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Lucy Immekus
(b) Address Sullivan, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-28-1944 (Month) (Day) (Year)
(c) Place: burial or cremation Sullivan, Mo.

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?

18. (a) Signature of funeral director J. T. WILLIAMS Sullivan, Mo.
(b) Address
19. (a) 8-24-44 (Date received local registrar) (b) [Signature] (Registrar's signature)

While at work (Specify place of place) (b) Means of injury coroner
23. Signature [Signature] or other) Address [Address] Date signed 8-22-44

RECEIVED

District Health Officer No. 9

District File Number _____

Date Filed _____

9-12-44

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 _____

J. J. Williams

Licensed Embalmer No. 427

P. O. Address Sullivan, 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.