

S. No. 2
M-5-43
7-5-17-39
P-1 X36671

FILED JUL 12 1946
STANDARD CERTIFICATE OF DEATH

State File No. **19929**

Registration District No. **110**

Primary Registration District No. **5-425-**

Registrar's No. **23**

1. PLACE OF DEATH:
 (a) County **Franklin**
 (b) City or town **Rural Boeuf**
(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 _____
(Specify whether)
 In this community **9 ll**
years, months or days

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

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

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **June** day **22**
 year **1946** hour _____ minute _____ M.

4. Sex **Male** 5. Color or race **W**
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **Dec 14 1894**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from
Oct. 15, 1942 to **June 22, 1946**
 that I last saw him alive on **June 20, 1946**
 and that death occurred on the date and hour stated above.

Immediate cause of death: **Chronic myocarditis**
 Duration _____

8. AGE: Years **91** Months **6** Days **8**
 If less than one day _____ hr. _____ min.

Due to _____
 Due to _____

9. Birthplace **New Haven** **Mo.**
(City, town, or county) (State or foreign country)

Other conditions: **Senility**
(Include pregnancy within 3 months of death)

10. Usual occupation **Farmer**

Major findings:
 Of operations _____
 Of autopsy **93A**

11. Industry or business _____

12. Name **Heerm Depperman**

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

14. Maiden name **Mary Bohle**

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

16. (a) Informant **Walter Depperman**
 (b) Address **New Haven Mo**

17. (a) **Burial** (b) Date thereof **6 26 46**
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director **Robt Hecker**
 (b) Address **New Haven Mo**

19. (a) **June 25-46** (b) **Jeffie Depperman**
(Date received local registrar) (Registrar's signature)

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 **3**

23. Signature **W. H. Held** (M. D. or other) **D.O.**
 Address **New Haven Mo** Date signed **6/24/46**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
18803

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 7-11-46

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

Earl Fester

Licensed Embalmer No. 13385

P. O. Address. Quill City

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.)

U- If this body is not embalmed, fact should be so stated above.