

No. 1739
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 18 1946 THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29500**
Registrar's No. **10**

Registration District No. **83** Primary Registration District No. **5312**

1. PLACE OF DEATH:
(a) County **COOPER**
(b) City or town **CLARK'S FORK (RURAL)**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **HOME**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **LIFE**
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **MISSOURI** (b) County **COOPER** **27**
(c) City or town **CLARK'S FORK (RURAL)** **0**
(If outside city or town limits, write "RURAL")
(d) Street No. **11 MILES SOUTH OF BOONVILLE** **0**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **EMIL CHRISTIAN PFEIFFER**
(b) If veteran, name war **NONE**
(c) Social Security No. **NONE**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **AUGUST** day **19th**
year **1946** hour **5:30** minute _____ a. M.

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**
(b) Name of husband or wife **FLORENCE PFEIFFER** (c) Age of husband or wife if alive **57** years
7. Birth date of deceased **JANUARY 11 - 1888**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **1946** to **1946**
that I last saw him alive on **1946** and that death occurred on the date and hour stated above.
Immediate cause of death **Calverles disease** Duration **3**
Heart Thrombosis

8. AGE: Years **58** Months **7** Days **8** If less than one day hr. _____ min. _____

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations **920**
Of autopsy _____

9. Birthplace **COOPER COUNTY MISSOURI**
(City, town, or county) (State or foreign country)

10. Usual occupation **FARMER**

11. Industry or business **FARMING**

12. Name **GUSTAV PFEIFFER**

13. Birthplace **COOPER COUNTY MISSOURI**
(City, town, or county) (State or foreign country)

14. Maiden name **LAVINA HECKERMAN**

15. Birthplace **COOPER COUNTY MISSOURI**
(City, town, or county) (State or foreign country)

16. (a) Informant **MRS E.C. PFEIFFER**

(b) Address **BOONVILLE, MO.**

17. (a) **BURIAL** (b) Date thereof **AUG. 22-1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **LONE ELM CEMETERY**

18. (a) Signature of funeral director **STEGNER**
(b) Address **BOONVILLE, MO.**

19. (a) **Aug. 19, 1946** (b) **A.S. Meredith**
(Date received local registrar) (Registrar's signature)

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)
(e) Means of injury _____
Signature **Dr. Meredith** M.D. or other _____
Address **Boonville, Mo.** Date signed **8/24/46**

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

72

(Licensed Embalmer's Statement on Reverse Side)

no

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 *James W. Stegner*
Licensed Embalmer No. *3780*
P. O. Address *Boonville, 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.

29900

of the ...

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