

S. No. 2
DM-2-43
v. 5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 10 1947

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2053

Registration District No. 278

Primary Registration District No. 3054

Registrar's No. 6

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

1. PLACE OF DEATH:

(a) County PIKE

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

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

(d) Length of stay: In hospital or institution 4 days
(Specify whether)

In this community 0 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Pike 82

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

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME BERNARD H KORTE

3. (b) If veteran, name war X

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 18 year 47 hour 5 minute 30 A. M.

21. I hereby certify that I attended the deceased from Jan 14, 1947 to Jan 18, 1947 that I last saw him alive on Jan 18, 1947 and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Mary Korte

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased: Dec 15 1878
(Month) (Day) (Year)

Immediate cause of death: Coronary Thrombosis

Due to: Cardiovascular

Due to: renal hypertension

Due to: arterial

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

Major findings: _____
Of operations: _____

Of autopsy: _____

8. AGE: Years 65 Months 1 Days 3 If less than one day hr. min.

9. Birthplace: Flourissant Mo.
(City or county) (State or foreign country)

10. Usual occupation: Farmer

PHYSICIAN

Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name Bernard Korte H

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

14. Maiden name Elizabeth Korte

15. Birthplace St. Louis Mo
(City or county) (State or foreign country)

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? _____

16. (a) Informant Wilbert Korte

(b) Address Bowling Green Mo. R.I.

17. (a) Burial (b) Date thereof 1-25-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Flourissant Mo

18. (a) Signature of funeral director Grace Bonthead

(b) Address Bowling Green Mo

19. (a) Jan 20-47 (b) Bernice Collier
(Date received local registrar) (Registrar's signature)

23. Signature: [Signature] (M. D. or other) 20

Address: [Signature] Date signed Jan 18 47

RECEIVED
District Health Officer No. 10
District No. 47-241
FEB - 5 - 1947

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 Grace M. Donkhead

Licensed Embalmer No. 2204

P. O. Address Bowling Green 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.