

FILED OCT 1 1947

Registration District No. ....

Primary Registration District No. 3016

Registrar's No. 212

1. PLACE OF DEATH:

(a) County COLE  
(b) City or town JEFFERSON CITY, MO.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
613 W. ELM STREET /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community LIFE  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County COLE 26  
(c) City or town JEFFERSON CITY 5  
(If outside city or town limits, write "RURAL") 4  
(d) Street No. 613 W. ELM 0  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME ROBERT CLEFUS DUENKEL

3. (b) If veteran, name war NO  
3. (c) Social Security No. 490-09-6414

4. Sex MALE  5. Color or race WHITE  
6. (a) Single, widowed, married, divorced SINGLE

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

7. Birth date of deceased AUGUST 29, 1919  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
28 0 23 hr. min.

9. Birthplace JEFFERSON CITY, MO.   
(City, town, or county) (State or foreign country)

10. Usual occupation CLERK

11. Industry or business MILLER & WEISS

MOTHER FATHER {  
12. Name JOSEPH DUENKEL  
13. Birthplace BRAZITO, MO. (State or foreign country)  
14. Maiden name PEARL TODD  
15. Birthplace ST. LOUIS, MO. (State or foreign country)

16. (a) Informant MRS. JOSEPH DUENKEL  
(b) Address JEFFERSON CITY MO.

17. (a) BURIAL (b) Date thereof 9/24/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation RESURRECTION CEMETERY

18. (a) Signature of funeral director Sylvester Dulle

(b) Address JEFFERSON CITY MO.

19. (a) 9-23-47 (b) P. P. Davis, M.D. (Registrar's signature)  
(Date received local registrar) (Date)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT day 22  
year 1947 hour 8 minute 45 A. M.

21. I hereby certify that I attended the deceased from 9-8-47 to 9-22-47  
that I last saw him alive on 9-22-47  
and that death occurred on the date and hour stated above.

Immediate cause of death

Pulmonary embolus  
of long suppurative  
of left leg.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy 100B

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? (c) Means of injury.....

23. Signature John W. McHoney (M. D. or other)   
Address Jefferson City Mo. Date signed 9/23/47

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

Date Filed 9-30-47  
District File Number

District Health Officer No. 8,  
RECEIVED

MAR 3 1948

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.....

*Melvin L. Janssens*, Registered Apprentice No. *489*,  
working under my personal supervision.

Signed *Sylvester D. Delle*

Licensed Embalmer No. *4321*

P. O. Address *Jefferson City, 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.