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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN 7 1948

Registration District No. 237

Primary Registration District No. 4346

Registrar's No. 24

1. PLACE OF DEATH:

(a) County Montgomery
(b) City or town Montgomery
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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 Montgomery 70
(c) City or town Montgomery City
(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 William F. Standhardt

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Virginia Standhardt
6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased April 14 th 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 7 23 hr. min.

9. Birthplace Near Montgomery City Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name John Standhardt

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

14. Maiden name Julia Refung
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs W.F. Standhardt

(b) Address Montgomery City Mo

17. (a) Burial (b) Date thereof 12-9-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Montgomery City Cem

18. (a) Signature of funeral director C. W. Hopkins

(b) Address Montgomery City Mo

19. (a) 12-10-47 (b) Union I. Garcia
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 7th
year 1947 hour II minute 30a M.

21. I hereby certify that I attended the deceased from
Oct. 17, 1940, to Dec. 7, 1947;
that I last saw him alive on Dec. 7, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death Leban -
Phrenomania (Right) when
Due to cerebral hemorrhage 7 days
Left - & Right Hemiplegia
Due to Hypertension - chronic years
myocarditis of age
Other conditions arteriosclerosis
(Include pregnancy within 3 months of death)

Duration
Underline the cause to which death should be charged statistically.

Major findings:
Of operations _____
Of autopsy 1. 0. 8.

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? 0

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature E. T. Andersen, M.D. (M. D. or other) 12/9/47
Address Montgomery City, Mo Date signed 12/9/47

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

MOTHER FATHER

Date Filed 1-6-48
District File Number

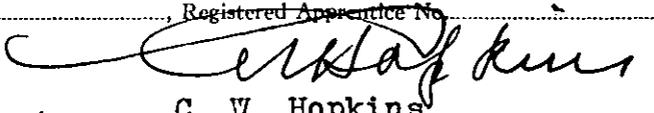
District Health Officer No. 9,

RECEIVED

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2 1958

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, C. W. Hopkins, on the 7 th
day of Dec 1947
working under my personal supervision.

Registered Apprentice No. _____

Signed C. W. Hopkins

Licensed Embalmer No. 1487

P. O. Address Montgomery 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.