FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 20 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 4457

Registration District No. 110 | Primary Registration District No. 4182 | Registrar's No. 5

1. PLACE OF DEATH
(a) County Franklin
(b) City or town New Haven Mo
(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 all
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Franklin 36
(c) City or town New Haven 1
(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 HENRY J KORMEIER
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Male
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mathilda Kormeier
6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased Oct (Month) 19 (Day) 1870 (Year)

8. AGE: Years 77 | Months 3 | Days 23 | If less than one day ..... hr. ..... min.

9. Birthplace Neuhaven (City, town, or county) Mo (State or foreign country)
10. Usual occupation Retired Farmer
11. Industry or business
FATHER
12. Name Henry Kormeier
13. Birthplace Germany (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Louisa Leffmann
15. Birthplace Germany (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Milford Scheer
(b) Address Neuhaven Mo
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 2/15/48 (Month) (Day) (Year)
(c) Place: burial or cremation PORT HUDSON MO.
18. (a) Signature of funeral director L. C. Dertig & Son
(b) Address New Haven Mo.
19. (a) Feb 14 48 (Date received local registrar) (b) Jeffie Grammann (Registrar's signature) 93

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 11
year 1948 hour 9 minute 15 P. M.
21. I hereby certify that I attended the deceased from December 10, 1944 to February 11, 1948
that I last saw him alive on February 11, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	24 hours
Due to	
Due to	
Other conditions Angina Pectoris (Include pregnancy within 3 months of death)	4 years

Major findings:
Of operations no operation
Of autopsy no autopsy

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature B. P. Eisenmann (M. D. ~~or other~~)
Address New Haven, Mo. Date signed 2/13/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

APR 6 1948

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 2/18/48

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 ..... Registered Apprentice No. ..... working under my personal supervision.

Signed Earl Festig

Licensed Embalmer No. 3386

P. O. Address Gulliver 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.