

S. No. 300
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I 3906

7631

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED FEB 19 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 1

Registration District No. 35

Primary Registration District No. 6236

1. PLACE OF DEATH:
(a) County Warren
(b) City or town Holstein
(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 Warren 109
(c) City or town Holstein 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Julius H. Huenefeld

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

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 October 8, 1878
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>3</u>	<u>28</u>	_____ hr. _____ min.

9. Birthplace Holstein Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Merchant

11. Industry or business General Merchandise

12. Name Fred W. Huenefeld

13. Birthplace Warren County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Anna Knapheide
15. Birthplace Warren County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Frank Huenefeld
(b) Address Holstein, Mo.

17. (a) Burial (b) Date thereof: 2-10-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Holstein, Mo.

18. (a) Signature of funeral director F.W. Nieburg & Co.
(b) Address Warrenton, Mo.

19. (a) Feb 10 / 48 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 6
year 1948 hour 4:45 minute _____ P. M.

21. I hereby certify that I attended the deceased from July 15 to Feb 6, 1948
that I last saw him alive on Feb 6, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary of the liver Duration 2 years

Due to _____

Due to _____

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

Major findings: 124B
Of operations _____

Of autopsy _____

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? _____

(Specify type of place) _____
(c) Means of injury _____

23. Signature Martha H. DeKuntz (M.D. or other) _____
Address Warrenton Mo Date signed 2/10/48

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

MOTHER FATHER

Date Filed FEB 18 1948

Licensed Embalmer

Michigan Health Officer No. 91

RECEIVED

FEB 16 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 John E. Herlinger
- Licensed Embalmer No. 4409
P. O. Address Warrenton, 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.