

No. 2  
-1/47  
5-17-39

8265

FEDERAL SECURITY AGENCY

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

National Office of Vital Statistics

FILED APR 3 1948

Registration District No. 8048

Primary Registration District No. 3017

Registrar's No. 41

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

1. PLACE OF DEATH:

(a) County **COOPER**

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

(c) Name of hospital or institution **ALEX RAVENSWAY HOSPITAL**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **5 DAYS** (Specify whether  
**5 DAYS** years, months or days)

In this community **5 DAYS**  
years, months or days)

3. (a) PRINT FULL NAME **M.L. JOACHIMI**

3. (b) If veteran, name war **NONE**

3. (c) Social Security No. **NONE**

4. Sex **MALE** 5. Color or race **WHITE**

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

6. (b) Name of husband or wife **NANNIE WILLIAMS**

6. (c) Age of husband or wife if alive **78** years

7. Birth date of deceased **FEBRUARY 25 - 1870**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>78</b>	<b>0</b>	<b>28</b>	hr. min.

9. Birthplace **BOONVILLE MISSOURI**  
(City, town, or county) (State or foreign country)

10. Usual occupation **RETIRED MERCHANT**

11. Industry or business **SHOP KEEPER**

12. Name **M.L. JOACHIMI**

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

14. Maiden name **UNKNOWN**

15. Birthplace **9**  
(City, town, or county) (State or foreign country)

16. (a) Informant **MRS M.L. JOACHIMI**

(b) Address **VERSAILLES - MO.**

17. (a) **BURIAL** (b) Date thereof **3/25/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **VERSAILLES CITY CEM.**

18. (a) Signature of funeral director **STEGNER**

(b) Address **BOONVILLE - MO.**

19. (a) **3-25-48** (b) **[Signature]**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **MORGAN**

(c) City or town **VERSAILLES**  
(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.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **25** year **1948** hour **2** minute **30** **A.M.**

21. I hereby certify that I attended the deceased from **3/18/48** to **3/25/48** that I last saw him alive on **3/23/48** and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage**

Due to.....

Due to.....

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

Major findings:  
Of operations **[Signature]**

Of autopsy.....

Duration

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 **[Signature]** (M. D. or other) **0**

Address **517 4th St. Boonville Mo** Date signed **3/25/48**

RECEIVED

District Health Officer No. 8.

District File Number

Date Filed

4-2-48

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.....

FRED W. HARRIS

Registered Apprentice No. 476

working under my personal supervision.

Signed

*James W. Segner*

Licensed Embalmer No. 3780

P. O. Address BOONVILLE - 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.