

FILED JUL 23 1948

State File No. _____

Registration District No. 82

Primary Registration District No. 5311

Registrar's No. 89

1. PLACE OF DEATH:

(a) County Cooper
(b) City or town Pilot Grove Township
(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 29 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper ²⁷
(c) City or town Blackwater Rural ⁰
(If outside city or town limits, write "RURAL") ⁰
(d) Street No. _____ (If rural, give location) _____
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Louis D. IMHOFF

MEDICAL CERTIFICATION

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

20. DATE OF DEATH: Month July day 7
year 1948 hour 7 minute 30 P. M.

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept 4 1870
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him _____ of _____ and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Myocarditis

8. AGE: Years 77 Months 10 Days 3 If less than one day _____ hr. _____ min.

Due to Probable Arterio Sclerosis
Due to Senility

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

Other conditions Wear heart exhaustion
(Include pregnancy within 3 months of death)

10. Usual occupation Farmer

11. Industry or business same

Major findings: Of operations No evidence of pneumonia
Of autopsy 93 P

MOTHER FATHER

12. Name John Imhoff 9
13. Birthplace unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Mary Weber 9
15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

(a) Informant John D. Imhoff
(b) Address Blackwater, Mo.
17. (a) Burial (b) Date thereof July 10, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Martin's Cemetery
18. (a) Signature of funeral director Hays-Paranter
(b) Address Pilot Grove, Mo.
19. (a) 7-10-48 (b) W. Hooper
(Date received local registrar) (Registrar signature)

(a) Accident, suicide, or homicide (specify) no
(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
(Specify type of place) _____
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature M. L. Duran (M. D. or other) M.D.
Address Blackwater, Mo. Date signed 7/17/48

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 7-22-48

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

myself

Registered Apprentice No.

working under my personal supervision.

Signed

Rayton E. King

Licensed Embalmer No.

3074

P. O. Address

Pilot Grove

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.