F. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
General Office of Vital Statistics

FILED OCT 13 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29416

Registration District No. 177 Primary Registration District No. 5435 Registrar's No. 3

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

1. PLACE OF DEATH:
(a) County GASCONADE
(b) City or town Rural- Boeuf
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: His Residence
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution .... (Specify whether
In this community 45 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Gasconade
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 12 Miles South Of Hermann, Mo
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ....

3. (a) PRINT FULL NAME HERMAN ADOLPH DETMER
3. (b) If veteran, name war No
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 Mary Detmer
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased April (Month) 15 (Day) 1871 (Year)

8. AGE:

Years	Months	Days	If less than one day
77	4	18	....hr. ....min.

9. Birthplace Detmold, Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Farming

FATHER
12. Name Fred Detmer
13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Minnie Kamchmidt
15. Birthplace Unknow, Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Herman Detmer
(b) Address Hermmann, Mo. RFD #2
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/6/48 (Month) (Day) (Year)
(c) Place: burial or cremation Stonyhill, Mo.
18. (a) Signature of funeral director Paul H Blumer
(b) Address Berger, Mo
19. (a) 9/4/48 (Date received local registrar) (b) O A Muenkewille (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 3rd year 1948 hour 3 minute 30 P M.

21. I hereby certify that I attended the deceased from Aug. 1, 1948, to Sept 3, 1948; that I last saw him alive on Aug. 29, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death. CARCINOMA OF STOMACH	6 mo.
Due to GASTRIC HEMORRHAGE	10 min.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations None	
Of autopsy None	

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 Carrel T. Shaw (M. D. ~~or other~~)
Address Hermann, Mo. Date signed 9-3-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9
OCT 11 1948
Certificate File Number
To be Filed

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 Herman B Bauer

Licensed Embalmer No. 518

P. O. Address Bayer, 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.