

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

31822

State File No. _____

FILED OCT 13 1948
Registration District No. 262

Primary Registration District No. 4531

Registrar's No. 46

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

1. PLACE OF DEATH:

(a) County Warren

(b) City or town Warrenton
(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 Mo. (b) County Warren 109

(c) City or town Warrenton
(If outside city or town limits, write "RURAL")

(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 Pauline Hukriede

3. (b) If veteran, name war _____

3. (c) Social Security No. none

4. Sex female 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 3, 1865
(Month) (Day) (Year)

8. AGE:

| | | | |
|-----------|----------|----------|----------------------|
| Years | Months | Days | If less than one day |
| <u>83</u> | <u>0</u> | <u>3</u> | hr. _____ min. _____ |

9. Birthplace New Truxton Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER

12. Name Frederick Hukriede

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

14. Maiden name Caroline Drunert

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

16. (a) Informant Mrs. John Uptegrove

(b) Address Warrenton, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-8-48
(Month) (Day) (Year)

(c) Place: burial or cremation Truxton, Mo.

18. (a) Signature of funeral director F.W. Nieburg & Co.

(b) Address Warrenton, Mo.

19. (a) 10/7/48 (Date received local registrar)

(b) Mrs. Vernell Watson (Registrar's signature) 422

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 6
year 1948 hour 6:00 minute A. M.

21. I hereby certify that I attended the deceased from Oct 5 to Oct 6, 1948, that I last saw him W alive on Oct 6, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Embolism acute Duration 1 day

Due to Pneumonia, bilateral 1 day

Due to _____

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

Major findings: (8) B

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Mrs. Vernell Watson (M. D. or other)

Address Warrenton Mo Date signed 10-7-48

Date Filed
OCT 12 1948
Division No. 9

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 Shubert
Licensed Embalmer No. 3897
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.