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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

6729

State File No.

FILED FEB 10 1943

Registration District No. 10

Primary Registration District No. 4268

Registrar's No. 81

1. PLACE OF DEATH:
(a) County Knox County
(b) City or town Novelty Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Clara Trueper Res. Novelty, mo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community Entire life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Caldwell
(c) City or town Kirksville, mo
(If outside city or town limits, write "RURAL")
(d) Street No. 803 So Florence
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) /
If yes, name country

3. (a) PRINT FULL NAME EMMA WUNNENBERG
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race W
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 Aug (Month) 8 (Day) 1872 (Year)

8. AGE: Years 70 Months 5 Days 1943 If less than one day hr. min.

9. Birthplace Sperry (City, town, or county) Iowa (State or foreign country)
10. Usual occupation Housekeeper
11. Industry or business
12. Name Henry Wunnenberg
13. Birthplace (City, town, or county) Germany (State or foreign country)
14. Maiden name Amelia Rafeld
15. Birthplace (City, town, or county) Germany (State or foreign country)
16. (a) Informant Mrs Lelure Huebner
(b) Address Novelty. mo
17. (a) Burial, cremation, or removal Highland Park (b) Date thereof 1-10-1943 (Month) (Day) (Year)
(c) Place: burial or cremation Kirksville, mo
18. (a) Signature of funeral director Summers & Powell
(b) Address 115 W Jefferson Kirksville mo
19. (a) Date received locally Jan 14-43 (Registrar's signature) Nelle Northcutt

1142

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 8
year 1943 hour 7:30 minute A.M.
21. I hereby certify that I attended the deceased from November 2, 1942 to January 4, 1943 that I last saw h[illegible] alive on January 4 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Apoplexy	
Due to Hypertension	Nov 2 1942 to Jan 8th 1943
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: 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)
While at work? (e) Means of injury
(f) Signature E D Holmes M.D.
Address Novelty Mo Date signed Jan 9-43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 2-43-328
Date Filed FEB 16 1943

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 W. C. Simmons

Licensed Embalmer No. 2147

P. O. Address Kirkwood

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.