

No. 2
-2-43
5-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2845

State File No. _____

FILED JAN 21 1946

Registration District No. _____

Primary Registration District No. 2023

Registrar's No. 120

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Clinton, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
118 Ohio Belweiler apts. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry 42
(c) City or town Clinton Mo 1
(If outside city or town limits, write "RURAL")
(d) Street No. East Ohio apt 2
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Charles Adolph Detweiler

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Sophie C. Gephhardt Detweiler 6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased March 29 1871
(Month) (Day) (Year)

8. AGE: Years 74 Months 8 Days 8 If less than one day _____ hr. _____ min.

9. Birthplace Franklin Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farming & last 18 yrs. in prop.

11. Industry or business _____

MOTHER FATHER
12. Name John J Detweiler
13. Birthplace Switzerland
(City, town, or county) (State or foreign country)
14. Maiden name Elnora Beth Jones
15. Birthplace Franklin Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Ruby Detweiler Sadler
(b) Address 3505 Harrowson K.G. Mo.

17. (a) Entombed (b) Date thereof Dec 9 1945
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Englewood

18. (a) Signature of funeral director Charles & Beers
(b) Address Clinton Mo

19. (a) 12-7-45 (b) R. B. Rensley
(Date received local registry) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 5
year 1945 hour 5:00 minute 9 P.M.

21. I hereby certify that I attended the deceased from Dec 5, 1945 to Dec 5, 1945
that I last saw him alive on Dec 5, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to arterial sclerosis

Due to senility

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

Major findings: _____
Of operations _____
Of autopsy 946

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 Geo S. Hasty (M. D. or other) MD
Address Clinton Mo Date signed Dec 7 45

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

12-40-1353
1-13-44

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.....

J. E. Consoler

Licensed Embalmer No.....

1891

P. O. Address.....

Clinton, 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.