

Registration District No. 224

Primary Registration District No. 3046

1. PLACE OF DEATH

(a) County Moniteau
(b) City or town California
(c) Name of hospital or institution 1
(If outside city or town limits, write "RURAL" and name of township)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community all his life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Urban Robert Imhoff
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Margaret Imhoff 6. (c) Age of husband or wife if alive 29 years
7. Birth date of deceased Aug 13 1913
(Month) (Day) (Year)

8. AGE: Years 29 Months 8 Days 14 If less than one day hr. _____ min. _____

9. Birthplace Cooper MO
(City, town or county) (State or foreign country)

10. Usual occupation Sales man

11. Industry or business _____

12. Name Vincin P. Imhoff

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

14. Maiden name Gertha Heinen

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

16. (a) Informant Amelia Imhoff

(b) Address California MO

17. (a) Burial (b) Date thereof Apr 29-49
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Catholic Church

18. (a) Signature of funeral director William J. [unclear]

(b) Address California MO

19. (a) 4-28-49 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau
(c) City or town California MO
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27
year 1943 hour 1 minute 45 P.M.
21. I hereby certify that I attended the deceased from April 6
1943 to April 27 1943
that I last saw him alive on April 27 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Generalized Tuberculosis Duration 3 year

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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 Kenyon [unclear] (M. D. or other) _____

Address California Date signed 3-28-49

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

MOTHER FATHER

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

22 b

1312

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 *H. E. Friedmeyer*
.....
Licensed Embalmer No. *2854*
.....
P. O. Address *California 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.