

ED NOV 10 1943  
Registration District No. 2234

Primary Registration District No. 3046

Registrar's No. 122

1. PLACE OF DEATH:

(a) County Monticau  
(b) City or town California  
(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 1  
In this community all His Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monticau  
(c) City or town California 068  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Vincent Phillip Imhoff  
(b) If veteran, name war 0  
(c) Social Security No. 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 31  
year 1933 hour 3 minute 20 A.M.  
21. I hereby certify that I attended the deceased from May  
25, 1933 to October 31, 1933  
that I last saw h. im. alive on Oct 31, 1933  
and that death occurred on the date and hour stated above.

4. Sex Male  
5. Color or race W  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Aurelia Imhoff  
6. (c) Age of husband or wife if alive years  
7. Birth date of deceased June 12 1891  
(Month) (Day) (Year)

Immediate cause of death  
Angina pectoris 2 year  
Coronary Thrombosis 2 days  
Duration

8. AGE: Years 62 Months 4 Days 18  
If less than one day hr. min.

Due to  
Due to

9. Birthplace Cooper MO 0  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) 940

10. Usual occupation Merchant

Major findings: Of operations  
Of autopsy  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business  
12. Name Phelix Imhoff & Barabie  
13. Birthplace Barabie  
(City, town, or county) (State or foreign country)  
14. Maiden name Louise Ludwig  
15. Birthplace Barabie  
(City, town, or county) (State or foreign country)

16. (a) Informant Aurelie Imhoff  
(b) Address California MO

17. (a) Bureau (b) Date thereof 11/3/43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Catholic Care

18. (a) Signature of funeral director William Friedmeyer  
(b) Address California MO

19. (a) 11-8-43 (b) R. G. Allen  
(Date received local registrar) (Registrar's signature)

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)  
(c) Means of injury  
23. Signature Henry Latham (M. D. or other)  
Address California, MO Date signed 11-2-43

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

NOV 12 1948

**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.**