

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

10437

State File No. _____

APR 10 1941

Registration District No. 213

Primary Registration District No. 301F

Registrar's No. 92

1. PLACE OF DEATH

(a) County Cole
(b) City or town Jefferson City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 hrs
In this community 2 yrs (Specify whether years, months or days)

3. (a) PRINT FULL NAME Charles Dummermuth

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased July (Month) 4 (Day) 1880 (Year)

8. AGE: Years 60 Months 8 Days 17 If less than one day hr. 1 min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Fred Dummermuth

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

14. Maiden name Catherine Baford (City, town, or county) (State or foreign country)

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

16. (a) Informant C. R. Hodges

(b) Address 1115 E. 1st St. Mo.

17. (a) Burial (b) Date thereof Mar. 23. 41 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Center, California

18. (a) Signature of funeral director Bowlin Funeral Home (b) Address California, Mo.

19. (a) 3-22-41 (b) D. B. Spock (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. R.F.D. #4 (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 21st year 1941 hour 3 minute A M.

21. I hereby certify that I attended the deceased from Mar 19 1941 to Mar 21st 1941 that I last saw him alive on Mar 20 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Pulmonary heart disease Duration 2 yrs

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) g2. D

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) (Specify means of injury)

23. Signature D. B. Spock (M.D. or other) MD Address Jefferson City Mo Date signed 3/22/41

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.....

Earl R. Boulton

Licensed Embalmer No. *2126*

P. O. Address *California 7*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.