

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

44073

Do not use this space.

1. PLACE OF DEATH

(a) County Moniteau
(b) Township Waller
(c) City California

Registration District No. 571
Primary Registration District No. 4335
(d) Street No. Latham Sanatorium

Registered No. 72

(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? 63 yrs. mos. da.

2. PRINT FULL NAME

Charles C. Treiber
(a) Residence, No. California, Mo. St. ☐
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|----------------------------------|---|
| 3. SEX <u>male</u> | 4. COLOR OR RACE <u>white</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Emma Hoterecht</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 27, 1884</u> | | |
| 7. AGE <u>84</u> | YEARS <u>11</u> | MONTHS <u>28</u> |
| If LESS than 1 day, hrs. or min. | | |
| 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Circuit Clerk</u> | | |
| 9. Industry or business in which work was done, as saw mill, bank, etc. | | |
| 10. Date deceased last worked at this occupation (month and year) | | |
| 11. Total time (years) spent in this occupation <u>4 1/2 yrs.</u> | | |

12. BIRTHPLACE (CITY OR TOWN) Roma, Saxony
(STATE OR COUNTRY)

13. NAME Chas. C. Treiber, Sr.
14. BIRTHPLACE (CITY OR TOWN) Saxony
(STATE OR COUNTRY)

15. MAIDEN NAME Pauline Schumann
16. BIRTHPLACE (CITY OR TOWN) Saxony
(STATE OR COUNTRY)

17. INFORMANT Thos. Charles C. Treiber
(ADDRESS) California, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Marion Cemetery DATE 12-27-1939

19. FUNERAL DIRECTOR (NAME) J. W. Wilson & Son
(ADDRESS) California, Mo.

20. FILED 12-26-1939 H. R. Popejoy
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 25, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 22, 1939, to Dec 25, 1939

I last saw him alive on Dec 24, 1939. Death is said

to have occurred on the date stated above, at 1:40 P. M.

The principal cause of death and related causes of importance were as follows:

Intestinal Impaction
N. M. D.

Date of onset
Nov 10, 1939

Other contributory causes of importance: Acute myocardial degeneration

12/15/39

Name of operation none Date of none

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify.....

(Signed) Edgar A. Teller / M. D.

5. (Address) California

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..... *A. E. Wilson*

Licensed Embalmer No. *2351*

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, above space should be left blank.