

FILED JUN 7 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

18247

Do not use this space.

1. PLACE OF DEATH

(a) County Cooper
(b) Township Boonville
(c) City Boonville
(e) Length of residence in city or town where death occurred yrs. mos. da.

Registration District No. 218
Primary Registration District No. 3015 Registered No. 43
(d) Street No. 1115 Van Burenway St. Boonville
(If death occurred in Hospital or Institution, write its name instead of street and number)
(f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. 1022 Andrew Jameson Mo St. Boonville
(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Annie Fraerchger
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) aprox 79
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or mln.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farm
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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland
13. NAME UNKNOWN
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 9
15. MAIDEN NAME 7
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 7

17. INFORMANT (ADDRESS) Rudolf Poth
Jameson Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Boonville DATE 5/11/40 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Chas. Fullish
Jameson Mo.

20. FILED 5-11 19 40 Boonville Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 11 19 40
22. I HEREBY CERTIFY, That I attended deceased from April 20 19 40 to May 11 19 40
I last saw him alive on May 10 19 40 Death is said to have occurred on the date stated above, at 4 a. m.
The principal cause of death and related causes of importance were as follows:

Incarcerated inguinal hernia April 10
12.2.40
Date of onset

Other contributory causes of importance:
Prostatic Obstruction: cystitis
+ Pyelitis April 30
Name of operation Repaird hernia Date of April 20
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
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) Hubert D. Wells M. D.
(Address) Boonville, Mo.

RECEIVED
District Health Officer No. 8,
District File Number
6/5/40
Date Filed

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

KE Friedman

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, above space should be left blank.