

REC'D FEB 6 1939

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

2235

Do not use this space.

1. PLACE OF DEATH

(a) County Franklin 3 Registration District No. 297
(b) Township St. Johns Primary Registration District No. 2414 Registered No. 7
(c) City Washington, Mo. (d) Street No. Farm near Krakow, Mo. St. _____
(e) Length of residence in city or town where death occurred 79 yrs. 0 mos. 2 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT-FULL NAME

DAVID HENRY UNNERSTALL
(a) Residence, No. Washington, Mo. R. F. D. # 2 St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF Frances Marie Unnerstall
(or) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 14, 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 0 2

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer9. Industry or business in which work was done, as saw mill, bank, etc. Own Farm10. Date deceased last worked at this occupation (month and year) Dec. 1938 11. Total time (years) spent in this occupation life12. BIRTHPLACE (CITY OR TOWN) Krakow
(STATE OR COUNTRY) Missouri13. NAME Henry Unnerstall14. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Germany15. MAIDEN NAME Gertrude Kiplshieier16. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Germany17. INFORMANT Dave E. Unnerstall
(ADDRESS) Krakow, Missouri18. BURIAL, CREMATION, OR REMOVAL PLACE Krakow, Mo. DATE Jan 19, 193919. FUNERAL DIRECTOR (NAME) Nieburg & Pitt, Inc.
(ADDRESS) Washington, Missouri20. FILED Jan. 17 - 1939 W. H. May
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 16th, 193922. I HEREBY CERTIFY That I attended deceased from Jan 1 2, 1939 to Jan 16 1939, 1939I last saw him alive on Jan 16, 1939. Death is saidto have occurred on the date stated above, at 8:35 P.M.

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

Arteriosclerosis

Date of onset

Other contributory causes of importance: Gastric hemorrhageName of operation None Date of _____What test confirmed diagnosis? None Was there an autopsy? no23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury _____, 1939Where 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) H. G. Woodrich, M. D.(Address) Washington Mo.

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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,

Lester H. Vitt

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Lester H. Vitt

Licensed Embalmer No. *3254*

P. O. Address *Washington, Md*

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.

REGISTRATION OF OCCUPATIONS - REGISTERED EMBALMERS

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

223J-

Do not use this space.

1. PLACE OF DEATH

(a) County Hopkins Registration District No. 397
(b) Township St Johns Primary Registration District No. 5417 Registered No. 7
(c) City _____ (d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME David Henry Zimmerman

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-16 1939

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
79 0 2

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

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
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 _____

arterio sclerosis Date of onset 1172

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Other contributors, causes of importance:
Gastric Hemorrhage due to ulcer

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Name of operation _____ Date of _____

15. MAIDEN NAME

What test confirmed diagnosis? _____ Was there an autopsy? _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

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

17. INFORMANT (ADDRESS)

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

18. BURIAL, CREMATION, OR REMOVAL

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

PLACE _____ DATE _____ 19____

Manner of injury _____

Nature of injury _____

19. FUNERAL DIRECTOR (ADDRESS)

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

20. FILED _____, 19____

(Signed) C. J. Goodrich, M. D.

(Address) Washington Mo

Local Registrar.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW. Exact statement of OCCUPATION is very important. Cause of Death in plain terms, so that it may be properly classified.

SUPPLEMENT

8-2235