

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.

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 Registration District No. 218
 (b) Township Coonville Primary Registration District No. 3015 Registered No. 43
 (c) City Coonville (d) Street No. 1165 Van Buren Highway St.
 (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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

1022 Andrew
 (a) Residence, No. Jamestown MO St. Franchiger
 (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 Fraerchiger

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or mln.
aprox 79

OCCUPATION 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

FATHER 13. NAME UNKNOWN

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 9

MOTHER 15. MAIDEN NAME 7

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 7

17. INFORMANT (ADDRESS) Rudolf Poth
Jamestown Mo.

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

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Chas. Fullrich
Jamestown Mo.

20. FILED 5-11 19 40 Cooper 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
1022 Andrew
 Date of onset

Other contributory causes of importance:
Prostatic Infection: cystitis
+ Pyelitis
 Name of operation Repair of 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 _____, 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) Aubrey D. Wells M. D.
 (Address) Coonville, 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 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, above space should be left blank.