

FILED JUL 10 1940

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

22405
Do not use this space.

1. PLACE OF DEATH

(a) County Nodaway Registration District No. 620
(b) Township Jefferson Primary Registration District No. 1371
(c) City Clyde, Mo. (d) Street No. _____ 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. 20 (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME George J. Pfeifer

(a) Residence, No. Maryville, Mo. 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) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 23, 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
71 2 20

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. bar tender
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) Dec. 10, 1939 11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (CITY OR TOWN) Watson, Mo. (STATE OR COUNTRY)

FATHER 13. NAME John Pfeifer

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

MOTHER 15. MAIDEN NAME Magdalene Hauber

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

17. INFORMANT Baptismal records (ADDRESS) Imm. Conception Church

18. BURIAL, CREMATION, OR REMOVAL PLACE Conception, Mo DATE June 14, 1940

19. FUNERAL DIRECTOR C. R. Proctor & Company (ADDRESS) Conception Jct., Mo.

20. FILED June 17, 1940 J. M. Boyles Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-12-1940

22. I HEREBY CERTIFY, That I attended deceased from Mary, 1988 to 6-12, 1940

I last saw him alive on 6-11, 1940. Death is said to have occurred on the date stated above, at 7:30 A.M.

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

Cerebral Hemorrhage Date of onset

Other contributory causes of importance:

Hypertension

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

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?

If so, specify (Signed) W. M. Boyles, M. D.

(Address) Conception Jct.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

RECEIVED
District Health Officer No. 11
District File Number 746-1007
Date Filed JUL 5 1940

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

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.)