

Registration District No. 659Primary Registration District No. 5876Registrar's No. 76

## 1. PLACE OF DEATH:

(a) County Perry Chas. H. H. H.(b) City or town Rural

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community 94-11-22 (Specify whether \_\_\_\_\_ years, months or days)3. (a) PRINT FULL NAME William Unterreiner 5363. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 404. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed6. (b) Name of husband or wife Mary Unterreiner 6. (c) Age of husband or wife if alive \_\_\_\_\_ years7. Birth date of deceased July 29 1845  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
94 11 22 hr. min.9. Birthplace Perry Co. Missouri  
(City, town, or county) (State or foreign country)10. Usual occupation Farming

11. Industry or business \_\_\_\_\_

12. Name Anton Unterreiner18. Birthplace Germany14. Maiden name Gertrude Waltz15. Birthplace Germany  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Carl Unterreiner(b) Address Beckle Mo.17. (a) Burial (b) Date thereof July 23 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Apple Creek Mo.18. (a) Signature of funeral director Young & Sons(b) Address Perryville Mo.19. (a) July 22-1940 (b) Martin Mueckel  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry(c) City or town Rural  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21  
year 1940 hour 2 minute 25 A.M.21. I hereby certify that I attended the deceased from July 18<sup>th</sup> 1940, to July 21<sup>st</sup> 1940, that I last saw him alive on July 20<sup>th</sup> 1940, and that death occurred on the date and hour stated above.Immediate cause of death Pneumonia Broncho Duration 1 dayDue to Acute Bronchitis 1940 2 day

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

28. Signature Theodore Fischer (M. D. or other) 1940Address Altensburg, Mo. Date signed 7/22/40

**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.....  
*Edward E. Young*

Licensed Embalmer No.....  
*2138*

P. O. Address.....  
*Perryville m*

**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.**