No. 4-1 ... 0

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27840

Registration District No. 26 FILED SEP 13 1940

Primary Registration District No. 3002

Registrar's No. 105

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Audrian
(b) City or town Mexico (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: General Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 hours (Specify whether years, months or days)
In this community 15 Months

156

3. (a) PRINT FULL NAME Miranda Josephine Dufner

3. (b) If veteran, name war

3. (c) Social Security No. 495-16-8637

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Feb. (Month) 12 (Day) 1921 (Year)

8. AGE: Years 19 Months 6 Days 5 If less than one day ... hr. ... min.

9. Birthplace Hermann (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Stenographer

11. Industry or business A. P. Green Fireclay Co

FATHER
12. Name Henry Dufner
13. Birthplace Hermann (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Anna Epple
15. Birthplace Morrison (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Louis Epple
(b) Address Hermann, Missouri

17. (a) Hermann, Mo (Burial, cremation, or removal) (b) Date thereof 8 (Month) 18 (Day) '40 (Year)
(c) Place: burial or cremation St. George Cem. Hermann, Mo

18. (a) Signature of funeral director Hugo H. Blumer
(b) Address Hermann, Mo

19. (a) August 18-40 (Date received local registrar) (b) Blanche Neely (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Gasconade
(c) City or town Hermann (If outside city or town limits, write "RURAL")
(d) Street No. 307 Market St (If rural, give location)
(e) If foreign born, how long in U. S. A.? ... years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 17 year 1940 hour 5 minute 25 P.M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Coroners Case: Inquest pending

Due to Automobile Collision

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy no

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence Aug 17 - 1940
(c) Where did injury occur? Highway (City or town) Audrain (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 23 Highway 54 (Specify type of place)
While at work? no (e) Means of injury

23. Signature R M Marlow Coroner (M. D. or other)
Address Audrain County Date signed 8/18-40

(Licensed Embalmer's Statement on Reverse Side)

210 m
98

RECEIVED
District Health Officer No. 10
District File Number 9-40-1757
Date Filed SEP 10 1940

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 Hugo H. Blume

Licensed Embalmer No. 3160

P. O. Address Hermann, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

. No. 2B
—2-21-40
I X22659

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27840

Registration District No. 26 Primary Registration District No. 3002 Registrar's No. 1057

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Audrain

(b) City or town Mexico (If outside city or town limits, write "RURAL" and name of township)

(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 years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ~~Cor~~

(c) City or town (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.

3. (a) PRINT FULL NAME Miranda Josephine Dufner

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife

6. (c) Age of husband, or wife, if alive years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 19 Months 6 Days 5 If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) 10/7/40 (Date received local registrar) (b) Blanche Neely (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 17 year 1940 hour minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Coroners Case Inquest Pending Automobile Collision

Due to Collision of two Cars

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 210 M 22

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

(a) Accident, suicide, or homicide (specify) acc

(b) Date of occurrence Aug 17 1940

(c) Where did injury occur? Highw Audrain Co (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Highway 34 (Specify type of place)

While at work? No (e) Means of injury

23. Signature [signature] Coroner (M. D. or other)

Address Mexico Mo Date signed 10/7/40