DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34757

NOV 19 1940

Registration District No. 1026 Primary Registration District No. 5102 A Registrar's No.

1. PLACE OF DEATH:

(a) County Bollinger

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

(c) Name of hospital or institution: 2

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

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

In this community 18 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Bollinger

(c) City or town Rural (If outside city or town limits, write "RURAL")

(d) Street No. Near Glen Allen, Mo. (If rural, give location)

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

3. (a) PRINT FULL NAME William Henry Fahrenkrog

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Ida Fahrenkrog

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased Sept. (Month) 22 (Day) 1880 (Year)

8. AGE: Years 60 Months 1 Days 17 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

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

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

16. (a) Informant's own signature Wm Fahrenkrog Jr

(b) Address Lutesville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 12 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Bunker Hill, Ill.

18. (a) Signature of funeral director Baker Funeral Home

(b) Address Lutesville, Mo. & E. Gulbert

19. (a) Nov. 12 (Date received local registrar) (b) Willie H. Van Amburgh (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 9th year 1940 hour 6:00 minute 20 P.M.

21. I hereby certify that I attended the deceased from 1/4/39 11/9/40, 19__, to ____, 19__; that I last saw h__ alive on ____, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	
Due to Rheumatic heart	
Due to Rheumatic Fever	
Other conditions (Include pregnancy within 3 months of death) 94	

Major findings:
Of operations
Of autopsy

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)

(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? 866 (Specify type of place)

While at work? (e) Means of injury

23. Signature John J. Myers (Name or other) [illegible]

Address Lutesville, Mo. Date signed 11/4/40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

I X19511

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 S. E. Graham

Licensed Embalmer No. 4010

P. O. Address Lutesville, 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.