No. 2
4-13-40
5-17-39
I X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 20 1940

Registration District No. 6959

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35993

Primary Registration District No. 5876

Registrar's No. 79

1. PLACE OF DEATH:
(a) County Perry
(b) City or town Rural - Clinque Homm
(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 2 (Specify whether years, months or days)
In this community 50 Years

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.? 50 years.

3. (a) PRINT FULL NAME Emma Fluegel
3. (b) If veteran, name war
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Herman Fluegel
6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased March (Month) 15 (Day) 1867 (Year)
8. AGE: Years 73 Months 6 Days 24 If less than one day hr. min.
9. Birthplace (City, town, or county) Germany (State or foreign country)
10. Usual occupation House Wife
11. Industry or business
MOTHER FATHER
12. Name Henry Nebel
13. Birthplace (City, town, or county) Germany (State or foreign country)
14. Maiden name Wilheimna Pheffercorn
15. Birthplace (City, town, or county) Germany (State or foreign country)
16. (a) Informant Herman Fluegel
(b) Address Perryville Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 12 194 (Month) (Day) (Year)
(c) Place: burial or cremation Friedheim Mo
18. (a) Signature of funeral director Youngdean
(b) Address Perryville Mo
19. (a) Oct 12-1940 (Date received local registrar) (b) Martin Marshal (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 9 year 1940 hour 2 minute 5 P.M.
21. I hereby certify that I attended the deceased from Sep X 30th, 1940, to Oct 9th, 1940 that I last saw her alive on Oct 9th, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy
Due to Old age Infirmities
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
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)
(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? (Specify type of place)
While at work? (e) Means of injury
23. Signature [illegible] (M. D. or other)
Address Perryville Mo. Date signed 10/11-40

(Licensed Embalmer's Statement on Reverse Side)

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 C Young

Licensed Embalmer No. 2138

P. O. Address Perryville 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, fact should be so stated above.