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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 10 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38652

Registration District No. 297 Primary Registration District No. 3016 Registrar's No. 107

1. PLACE OF DEATH:
(a) County Franklin
(b) City or town Washington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 weeks (Specify whether
In this community 55 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Franklin
(c) City or town Washington
(If outside city or town limits, write "RURAL")
(d) Street No. 203 E. Fourth St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ✓ years.

3. (a) PRINT FULL NAME EMILIE PFEIFFER
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife George Pfeiffer
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased Sept. (Month) 25 (Day) 1852 (Year)

8. AGE: Years 88 Months 2 Days 4 If less than one day ___ hr. ___ min.

9. Birthplace Casco (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Daniel Klemm
13. Birthplace ✓ (City, town, or county) Germany (State or foreign country)
MOTHER
14. Maiden name Barbara Angerer
15. Birthplace ✓ (City, town, or county) Germany (State or foreign country)
16. (a) Informant Alfred Smeading
(b) Address Marshall, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 1, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Washington, Mo.
18. (a) Signature of funeral director Nieburg & Vitt Sue, LA Vict
(b) Address Washington, Missouri
19. (a) Nov. 30-1940 (Date received local registrar) (b) 270 St a May (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 29 year 1940 hour 12 minute P M.
21. I hereby certify that I attended the deceased from Oct. 16, 1940 to Nov. 29, 1940 that I last saw her alive on Nov. 28, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of the neck of the left femur

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 186 N

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) Accident
(b) Date of occurrence Oct 16 - 1940
(c) Where did injury occur? Washington (City or town) Franklin (County) Co. Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home from fall (Specify type of place)
While at work? No (e) Means of injury fall
23. Signature H. Goodrich (M. D. or other) MD
Address Washington Mo Date signed 11-30 1940

(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 Me Lester H. Vitt, Registered Apprentice No. ✓ working under my personal supervision.

Signed Lester H. Vitt

Licensed Embalmer No. 3254

P. O. Address Washington, Missou

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.