

No. 2
-1-4-41
-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 19 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28739

Registration District No. 471

Primary Registration District No. 4284

Registrar's No. 34

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

1. PLACE OF DEATH:
(a) County Lawrence
(b) City or town Pierce City Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 20 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 054
(a) State Mo (b) County Lawrence
(c) City or town Pierce City
(If outside city or town limits, write "RURAL")
(d) Street No. 810 Spruce
no (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Charles David Velten
3. (b) If veteran, name war none
3. (c) Social Security No. X

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug. day 23
year 1941 hour 2 minute 30 M.
21. I hereby certify that I attended the deceased from Oct. 15 1940 to Aug. 23 1941.
that I last saw him alive on Aug. 23 1941.
and that death occurred on the date and hour stated above.

4. Sex M 5. Color of hair W.
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Anna Velten
6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased Feb. 19 1872
(Month) (Day) (Year)

Immediate cause of death Chronic Endocarditis
Duration 9 Yrs.

8. AGE: Years 68 Months 6 Days 4
If less than one day _____ hr. _____ min.

Due to Hard work
Due to _____

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

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

10. Usual occupation retired farmer

11. Industry or business _____

MOTHER FATHER {
12. Name Michael Velten
13. Birthplace Germany
(City, town or county) (State or foreign country)
14. Maiden name Catherine Miller
15. Birthplace Germany
(City, town or county) (State or foreign country)

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

16. (a) Informant Mrs. C. D. Velten
(b) Address Pierce City Mo.

17. (a) burial (b) Date thereof 8 25 41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Marys Cem.

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 _____

18. (a) Signature of funeral director H. E. Wright
(b) Address Pierce City Mo.

19. (a) 8-23-41 (b) E. B. Wright
(Date received local registrar) (Registrar's signature)

23. Signature E. B. Wright (M. D. or other) _____
Address Pierce City, Mo. Date signed 8-23-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 6,

District File Number 941-1499

Date Filed SEP 13 1941

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

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Victor O. Kimmey

Licensed Embalmer No.....

3822

P. O. Address.....

Heise City, Pa.

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.