

Registration District No.

Primary Registration District No. 4350

1. PLACE OF DEATH.

(a) County Montgomery
(b) City or town Montgomery
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
County Infirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 9 yrs
years, months or days) (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Montgomery
(c) City or town Montgomery
(If outside city or town limits, write "RURAL")
(d) Street No.....
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT William Obermeyer
FULL NAME

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Male 5. Color or race W. 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 no
(Month) (Day) (Year)

8. AGE: Years 80 Months Days If less than one day
..... hr. min.

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

10. Usual occupation no

11. Industry or business.....

MOTHER, FATHER { 12. Name no
13. Birthplace no
(City, town, or county) (State or foreign country)
14. Maiden name no
15. Birthplace no
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Charles Robinson
(b) Address Montgomery City Mo

17. (a) Burial (b) Date thereof 2/25/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Montgomery City Cem

18. (a) Signature of funeral director C. W. Hopkins
(b) Address Montgomery City Mo

19. (a) Feb 27 42 (b) Mo C. E. Vandave
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 24
year 1942 hour 4 minute a M.

21. I hereby certify that I attended the deceased from Jan 26, 1941 to Feb 24, 1942
that I last saw him alive on Feb 16, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Bronchial Asthma
Due to..... years
Due to..... years

Other conditions (Include pregnancy within 3 months of death)

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?

While at work?..... (Specify type of place)
(e) Means of injury.....

23. Signature E. J. T. Anderson, M.D. (M. D. or other) M.D.
Address Montgomery City Mo Date signed 2/27/42

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

70
10

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.....on the 28
day of Feb 1942....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No..... 1487.....

P. O. Address..... Montgomery City 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.