

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED: JUN 11 1942
Registration District No. 24

Primary Registration District No. 42127

Registrar's No. 9

1. PLACE OF DEATH:

(a) County. COOPER
(b) City or town. PRATIE HOME
(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 _____ (Specify whether)
In this community 60 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County COOPER
(c) City or town PRATIE HOME
(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.? 60 years years.

3. (a) PRINT FULL NAME GUSTAVE PFEIFFEY

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 LUVINA PFEIFFEY 6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased 4-4-1859
(Month) (Day) (Year)

8. AGE: Years 83 Months 0 Days 27 If less than one day hr. _____ min. _____

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

10. Usual occupation RYING

11. Industry or business _____

12. Name UNKNOWN

13. Birthplace GERMANY
(City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN

15. Birthplace GERMANY
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Paul Pfeiffer

(b) Address Pratie Home Mo.

17. (a) BURIAL (b) Date thereof 5-3-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BOONVILLE MO

18. (a) Signature of funeral director C. Albert Hornbeck

(b) Address Pratie Home Mo.

19. (a) 5-2-1942 (b) Mrs. D. L. Reuser
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1 year 1942 hour 10 minute 9 M.

21. I hereby certify that I attended the deceased from 1 1942 to May 1 1942 that I last saw him alive on Apr 30 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Valvular Disease of Heart Duration undetermined

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 93d

Of autopsy _____

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 D. L. Reuser (M.D. or other) _____

Address Pratie Home Mo. Date signed 5/1/42

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

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.

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

6-10-42

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 *C. Albert Hornbeck*

Licensed Embalmer No. *2714*

P. O. Address *Praine Home 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.