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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED OCT 9 1942

Registration District No. 78

Primary Registration District No. 5173 A

Registrar's No. 4

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

1. PLACE OF DEATH:

(a) County: Callaway

(b) City or town: Rural Nearer Cedar City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: ----- (Specify whether years, months or days)

In this community: Life

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Callaway

(c) City or town: Rural nearer Cedar City
(If outside city or town limits, write "RURAL")

(d) Street No. nearer Cedar City, Mo.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ---- years.

3. (a) PRINT FULL NAME: Adam Josephb Antweiler

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: Etta

6. (c) Age of husband or wife if alive: 60 years

7. Birth date of deceased: Jan (Month) 31 (Day) 1872 (Year) Jefferson City, Mo.

8. AGE: Years 70 | Months 8 | Days 0 | If less than one day ____ hr. ____ min.

9. Birthplace: Jefferson City, Mo. (City, town, or county) Cole Co (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business:

MOTHER FATHER

12. Name: Jacob Antweiler

13. Birthplace: Jefferson City, Mo. (City, town, or county) (State or foreign country)

14. Maiden name: Margaret Honey

15. Birthplace: Jefferson City, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs Adam Antweiler

(b) Address: Cedar City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10/5/42 (Month) (Day) (Year)

(c) Place: burial or cremation: St. Peters Cemetery

18. (a) Signature of funeral director: Victor Buescher

(b) Address: Jefferson City, Mo.

19. (a) 9-4-42 (Date received local registrar) (b) Norma Richter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day ____ year 1942 hour 9 minute P.M.

21. I hereby certify that I attended the deceased from Sept 2, 1942, to Oct 1, 1942; that I last saw him alive on Oct 1, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Heart Disease	7
Due to Senility	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

93d

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: Edwin Mayer (M. D. or other)

Address: Jefferson City Mo. Date signed 10-3-42

614 (Licensed Embalmer's Statement on Reverse Side)

OCT 1 6 1942

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 Victor Buesche

Licensed Embalmer No. 3701

P. O. Address Jefferson City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.