

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

MILITARY NOV 4 1942

Registration District No. 218

Primary Registration District No. 3017

Registrar's No. 121

27
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Cooper
(b) City or town Boonville
(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 71 Years. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper
(c) City or town Boonville
(If outside city or town limits, write "RURAL")
(d) Street No. 904 Seventh St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country -----

3. (a) PRINT FULL NAME Mrs. Cordula Winkelmeier.

3. (b) If veteran, name war 1 3. (c) Social Security No. -----

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Henry Winkelmeier 6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased Nov. 14 (Month) (Day) (Year) 1870

8. AGE: Years 71 Months 10 Days 28 If less than one day hr. min.

9. Birthplace Cooper County, Missouri. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife.

11. Industry or business At Home

12. Name Chas. Broer.

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

14. Maiden name Louise Kaiser.

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

16. (a) Informant Mr. Henry Winkelmeier.

(b) Address Boonville, Mo.

17. (a) Burial (b) Date thereof Oct. 16th/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Walnut Grove Cem.

18. (a) Signature of funeral director Goodman & Keller

(b) Address Boonville, Mo.

19. (a) Oct 13-42 (b) Dr. Chas. Swap.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 12 year 1942 hour 8:30 minute A. M.

21. I hereby certify that I attended the deceased from Oct. 11 1942 to Oct. 12 1942
that I last saw her alive on Oct. 11 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 1 day

Due to
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations gfa 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?

(Specify type of place) While at work? (e) Means of injury 9

23. Signature Hubrey A. Wells (M. D. or other) Address Boonville, Mo. Date signed 10-14-42

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 11-2-42

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 J. W. Goodman
Licensed Embalmer No. 1178
P. O. Address Bonville, 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.