

FILED NOV 18 1942

Registration District No.

Primary Registration District No. 3002

Registrar's No. 155

1. PLACE OF DEATH:
(a) County Audrain
(b) City or town Mexico
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Mexico General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
(Specify whether
In this community 1 day
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Audrain
(c) City or town Mexico
(If outside city or town limits, write "RURAL")
(d) Street No. 1111 W. Monroe
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME August W. Thoenen, Jr.

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced S P

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct. 25, 1942
(Month) (Day) (Year)

8. AGE: Years _____ Months 1 Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation Baby

11. Industry or business _____

MOTHER FATHER { 12. Name Wm. Thoenen
13. Birthplace Frankenstein, Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Lillian Kattimer
15. Birthplace Sturgeon, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Wm. Thoenen
(b) Address Mexico, Mo.

17. (a) Burial (b) Date thereof 10/27/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Catholic
18. (a) Signature of funeral director Chris Arnold

(b) Address Mexico, Mo.

19. (a) Oct 26 1942 (b) Margaret N Mackie
(Date received local registrar's) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct - day 26
year 1942 hour 2 minute 30 M

21. I hereby certify that I attended the deceased from Oct 25
1942 to Oct 26, 1942
that I last saw him alive on Oct 26, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death
Subdural hemorrhage
Due to Persistent post-traumatic
occupit + occipit delivery
Due to _____

Other conditions (Include pregnancy within 3 months of death) 1602

Major findings: Of operations _____
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 H. J. [unclear] (M. D. or other) _____
Address Mexico Mo Date signed 10/27/42

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

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

4
2

August Thucner

RECEIVED

District Health Officer No. 10

District File Number 11-42-3020

Date Filed NOV 17 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 *Cris Amos*

Licensed Embalmer No. 3569

P. O. Address *Michigan*

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.