

No. 2
4-13-40
5-17-39
PI X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

40691

State File No. _____

REG. JAN - 7 / 1943
Registration District No. _____

Primary Registration District No. 5430

Registrar's No. _____

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

1. PLACE OF DEATH: Franklin
(a) County _____
(b) City or town Rural Central
(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 _____ years, months or days

2. USUAL RESIDENCE OF DECEASED: ³⁶
(a) State MO (b) County Franklin
(c) City or town Rural Central ⁰
(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.? 0 years.

3. (a) PRINT FULL NAME John Oermann
(b) If veteran, name war ✓ (c) Social Security No. ✓

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 12
year 1942 hour 4 minute 10 A. M.

4. Sex Male 5. Color or Race W
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife Annie Oermann 6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased: 10-12-1862
(Month) (Day) (Year)

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

8. AGE: 80 Years Months 2 Days 0
If less than one day _____ hr. _____ min.

Immediate cause of death
Coronary Thrombosis. ?

9. Birthplace Germany wa - 0
(City, town, or county) (State or foreign country)

Due to Coronary Sclerosis.

10. Usual occupation farmer

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business tailor - Oermann

Major findings: Of operations 94 a

12. Name John Oermann

Of autopsy _____

13. Birthplace Germany - 4
(City, town, or county) (State or foreign country)

14. Maiden name Wass 7 Schmitt

15. Birthplace Germany - 4
(City, town, or county) (State or foreign country)

16. (a) Informant John Oermann

(b) Address Home Del Me

17. (a) Burial (b) Date thereof 12-14-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dettmer Building

18. (a) Signature of funeral director St. Clair
(b) Address St. Clair

19. (a) 12/14/1942 (b) P. J. King M.
(Date received local registrar) (Registrar's signature)

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 W. E. Kitchell (M. D. or other) _____

Address St. Clair wa Date signed 12/12/42

1120 (Licensed Embalmer's Statement on Reverse Side)

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.....

Sherwood Hutchell

Licensed Embalmer No.....

3873

P. O. Address.....

Hclair 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.