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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN - 7 1943

Registration District No. 316

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

41802

State File No.

Primary Registration District No. 6074

Registrar's No. 15

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1. PLACE OF DEATH:
(a) County St. Francois County
(b) City or town Wortham, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Randall Camp
(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 4 months

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Francois
(c) City or town Wortham
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Germany

3. (a) PRINT FULL NAME George Pfeffer
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male
5. Color or race W
6. (a) ~~Single, widowed, married, divorced~~ Married
6. (b) Name of ~~husband or~~ wife Fannie Pfeffer
6. (c) Age of ~~husband or~~ wife if alive 65 years
7. Birth date of deceased January (Month) 13 (Day) 1866 (Year)

8. AGE: Years 76 | Months 11 | Days — | If less than one day ___ hr. ___ min.

9. Birthplace (City, town, or county) Germany (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Farm
FATHER
12. Name George Pfeffer
13. Birthplace (City, town, or county) Germany (State or foreign country)
MOTHER
14. Maiden name Anna Elizabeth Nealing
15. Birthplace (City, town, or county) Germany (State or foreign country)
16. (a) Informant Mrs. Amos Bowen
(b) Address Leadwood, Missouri
17. (a) Leadwood Cemetery (Burial, ~~cremation~~, or removal) (b) Date thereof Dec. 14, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Leadwood Cemetery
18. (a) Signature of funeral director J. S. Boyer & Son
(b) Address Leadwood, Missouri
19. (a) Dec. 15, 1942 (Date received local registrar) (b) Byrdie Buhrmester (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 12 year 1942 hour 7 minute 10 P.M.
21. I hereby certify that I attended the deceased from Sept 18, 1942, to Dec 12, 1942, that I last saw him alive on Dec 12, 1942, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	2 days
Due to: Hypertensive cardiovascular disease	unknown
Due to:	
Other conditions (Include pregnancy within 3 months of death): 830	
Major findings: Of operations:	
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

23. Signature John W. Hunt M.D.
Address Leadwood Date signed 12/14/42

1196 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 143-1538

Date Filed 1-5-43

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 Earl L. Boyer

Licensed Embalmer No. 3445

P. O. Address Leadwood 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.