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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED OCT 14 1944

Registration District No. 164

Primary Registration District No. 5601

Registrar's No. 101

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

1. PLACE OF DEATH:

(a) County Johnson

(b) City or town Warrensburg *sup*  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
RFD 2 Warrensburg, Mo  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no (Specify whether)

In this community 20 Yrs  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson *51*

(c) City or town Rural  
(If outside city or town limits, write "RURAL") *50*

(d) Street No. RFD, 2 Warrensburg  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Ida K Pfeffer

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 21  
year 1944 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from Sept 21, 1944, to Sept 21, 1944;  
that I last saw h er alive on Sept 21, 1944;  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John Pfeffer 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased Sept 10 1944  
(Month) (Day) (Year)

Immediate cause of death Right Central Pneumonia Duration 12 hrs

8. AGE: Years 43 Months 0 Days 11 If less than one day hr. min.

Due to .....

Due to .....

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

Major findings: Of operations 8301

Of autopsy .....

9. Birthplace Wymore Neb. 1  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

12. Name Ernest Kurrze

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

14. Maiden name Louise Ewert

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

16. (a) Informant John Pfeffer

(b) Address RFD. 2 Warrensburg, MO

17. (a) Burial (b) Date thereof 9-23-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Hill

18. (a) Signature of funeral director Sweeney Phillips

(b) Address Warrensburg, Mo.

19. (a) Sept 23 1944 (b) Leola M. Williams  
(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? .....

(Specify type of place)

While at work? (e) Means of injury .....

23. Signature Ch. Johnson M.D. (M. D. or other) 0  
Address Warrensburg Mo Date signed Sept 23, 44

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

**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. Carl Priest* .....

Licensed Embalmer No. *3878* .....

P. O. Address. *Warrensburg 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.**