. No. 2
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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41008

FILED JAN 11 1946

Registration District No. 82

Primary Registration District No. 3017

Registrar's No. 153

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: St. Joseph Hospital. 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Days. (Specify whether
In this community 67 Years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper 27

(c) City or town Boonville. 0
(If outside city or town limits, write "RURAL")

(d) Street No. R.F.D. #1 0
(If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country ---

3. (a) PRINT FULL NAME George Efinger.

3. (b) If veteran, name war ---

3. (c) Social Security No. ---

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Mary Louisa Efinger.

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

7. Birth date of deceased March (Month) 7 (Day) 1858 (Year)

8. AGE: Years 87 Months 9 Days 19 If less than one day ..... hr. ..... min.

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

10. Usual occupation Retired Farmer.

11. Industry or business

FATHER
12. Name Unknown.
13. Birthplace " 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown.
15. Birthplace " 9
(City, town, or county) (State or foreign country)

16. (a) Informant Buford Carver. 1
(b) Address Kansas City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 29"/45 (Month) (Day) (Year)
(c) Place: burial or cremation Walnut Grove Cemetery

18. (a) Signature of funeral director Goodman & Boller
(b) Address Boonville, Mo.

19. (a) 12/27/45 (Date received local registrar) (b) Clay Marin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 26
year 1945 hour 5 minute 20 p.m.

21. I hereby certify that I attended the deceased from 24 Dec 45, 19..., to 26 Dec 45, 19...;
that I last saw him alive on 26 Dec 45, 19...;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Influenza	7d
Due to --	
Due to --	
Other conditions Bronchial Asthma-old age (Include pregnancy within 3 months of death)	±2 yrs

Major findings:
Of operations none performed
Of autopsy none performed.

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 Aris Cox Ramsey (M. D. or other)
Address Boonville, Missouri Date signed 28 Dec.

1639

(Licensed Embalmer's Statement on Reverse Side)

1-9-46

JAN 6 1947

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 H Goodman

Licensed Embalmer No. 1178

P. O. Address Boonville, 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.