

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

34343

State File No. _____

FILED NOV 5 1942
Registration District No. 221

Primary Registration District No. 5793

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Moniteau
(b) City or town Moniteau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 80 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau
(c) City or town _____
(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 WILLIAM SPERBER

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married widowed

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

7. Birth date of deceased 5 6 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80+ 4 29 hr. min.

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

10. Usual occupation Farmer

11. Industry or business Farmer

12. Name Leitlich Sperber

13. Birthplace unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Helmina Schaefer

15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Nick Barr

(b) Address Lamont Ave. R.R. #1710

17. (a) burial (b) Date thereof 10 7-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moniteau Burial Home

18. (a) Signature of funeral director Albert Hornbeck

(b) Address Prarie Home Mo

19. (a) 10 8 1942 (b) Grace Bentz
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 5
year 1942 hour 6 minute 0 M.

21. I hereby certify that I attended the deceased from July
1942 to Oct 5, 1942
that I last saw him live on Oct 5, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic
Arteriosclerosis
of Heart Duration _____

Due to _____
Due to 926
Other conditions (Include pregnancy within 3 months of death) _____

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? _____

While at work? _____ (Specify type of place)
(c) Means of injury _____
23. Signature D R Wurdich (M. D. or other) med
Address Prarie Home Date signed 10/6/42

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

Rev. 5-17-39 I X1081

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 C. Albert Hornbeck

Licensed Embalmer No. 2714

P. O. Address Prairie Home 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, above space should be left blank.