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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 2 1942

Registration District No. 57

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 7308

Primary Registration District No. 5769

Registrar's No. 1

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

1. PLACE OF DEATH:
(a) County Monteau
(b) City or town Cash Rural (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 years, months or days) In this community 30 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Monteau
(c) City or town Near McGirk Mo 68 (If outside city or town limits, write "RURAL") 0
(d) Street No. (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME John Frederick Hufendieck
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 Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec (Month) 29 (Day) 1857 (Year)

8. AGE: Years	Months	Days	If less than one day
83	11	5	hr. min.

9. Birthplace Monteau (City, town, or county) Mo (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
MOTHER FATHER
12. Name Gotlieb Hufendieck
13. Birthplace Germany (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Katharine Kuhlter
15. Birthplace (City, town, or county) Germany (State or foreign country)
16. (a) Informant John Hufendieck
(b) Address California Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 4-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Salem Evangelical Cem
18. (a) Signature of funeral director Hellmann & Friedmeyer
(b) Address California Mo
19. (a) Jan 4-1942 (Date received local registrar) (b) Mrs. James Roth (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 3
year 1942 hour 6 minute a M.
21. I hereby certify that I attended the deceased from clear when first seen 19 to 19;
that I last saw alive on 19;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cardio-Renal disease	3 yrs
Due to Generalized Arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 13 1a	
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 Kenyon Latham (M. D. or other) 0
Address California Mo Date signed 1-4-42

(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 H. E. Friedmeyer

Licensed Embalmer No. 2854

P. O. Address California 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.