

REC'D FEB 21 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1652

Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85
(b) Township _____ Primary Registration District No. 300 Registered No. 50
(c) City St. Joseph (d) Street No. 1723 Edmond Street St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 62 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John Bachman

(a) Residence, No. 1723 Edmond St., St. Joseph, Mo. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Sophia Bachman</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>February 5, 1854</u>				
7. AGE	YEARS <u>84</u>	MONTHS <u>11</u>	DAYS <u>12</u>	IF LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>retired Grocer</u>			
	9. Industry or business in which work was done, as saw mill, bank, etc.			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Berne Switzerland</u>			
	13. NAME <u>Christian Bachman</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Berne Switzerland</u>			
MOTHER	15. MAIDEN NAME <u>Elizabeth Dumernuth</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Berne Switzerland</u>			
17. INFORMANT <u>Mrs. Joseph Ward</u> (ADDRESS) <u>1723 Edmond St., St. Joseph, Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt. Auburn</u> DATE <u>January 19, 1939</u>				
19. FUNERAL DIRECTOR (NAME) <u>Walter Meierhoffer</u> (ADDRESS) <u>1302 Faraon St., St. Joseph, Mo.</u>				
20. FILED <u>Jan 19 1939</u> <u>H. J. Meselbach</u> Local Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 17, 1939

22. I HEREBY CERTIFY, That I attended deceased from Apr 24 1938, to Jan 17 1939

I last saw him alive on Jan 17, 1939. Death is said to have occurred on the date stated above, at 3:45p m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocardial Insufficiency
Q3A2
Date of onset unknown

Other contributory causes of importance:

Arteriosclerosis General

Name of operation none Date of _____What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) Gustav A. Fern, M. D.(Address) Kirkpatrick Bldg., St. Joseph, Mo.

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.

Dr. G. O. Lane

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,

Wilbur Kelly

or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

W. H. Kelly

Licensed Embalmer No. **Mo. 3946**

P. O. Address **St. Joseph, Missouri.**

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.