

FILED FEB 13 1940

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

3627  
Do not use this space.

1. PLACE OF DEATH  
 (a) County St. Francois Registration District No. 773  
 (b) Township St. Francois Primary Registration District No. 6018A Registered No. 5  
 (c) City Farmington or Farmington (3) Street No. State Hosp. No. 4 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Jack Bachanell 254  
 (a) Residence, No. State Hosp. # 4 St.   
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 24, 1867

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
<u>72</u>	<u>11</u>	<u>8</u>	

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Hotel work  
 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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England 4

FATHER  
 13. NAME Unknown  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England 4

MOTHER  
 15. MAIDEN NAME Unknown 4  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

17. INFORMANT Records of State Hospital No. 4  
 (ADDRESS) Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL Farmington  
 PLACE State Hosp. No. 4 DATE Jan. 8 1940

19. FUNERAL DIRECTOR (NAME) Richardson Funeral Home  
 (ADDRESS) Farmington Mo

20. FILED Jan 4 1940 T. J. Robinson  
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-2, 1940

22. I HEREBY CERTIFY, That I attended deceased from Nov 15, 1939, to Jan 2, 1940  
 I last saw him alive on 1-2, 1940. Death is said to have occurred on the date stated above, at 11:30 m.  
 The principal cause of death and related causes of importance were as follows:  
Arteriosclerotic Heart Disease with acute Circulatory Failure Date of onset 12/1

Other contributory causes of importance:  
Benign Prostate Hypertrophy with acute Urinary Retention  
Supra-pubic Cystotomy Name of operation Date of 12-31-39  
 What test confirmed diagnosis? ..... Was there an autopsy? .....

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? .....  
 If so, specify .....  
 (Signed) Jes. R. Muecke, M. D.  
 (Address) Farmington, 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.

WRITE PLAINLY, WITH CAPS AND UNDERLINES. THIS IS A FEDERAL RECORD. I X16605

**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 Paul H. Dugal

Licensed Embalmer No. 4120

P. O. Address Farmington, 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.**