

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

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.

DEPARTMENT OF COMMERCE
BUREAU OF REGISTRATION
FILED SEP 19 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28774

Registration District No. 501

Primary Registration District No. 5666

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Linn

(b) City or town Linn County Infirmary
(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 _____
In this community unknown (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn

(c) City or town Marceline
(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 David Bachman

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

4. Sex male 5. Color or race white

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 June 18 1851
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 15 year 1941 hour 9 minute 0 9 M.

21. I hereby certify that I attended the deceased from _____ 1941 to _____ 1941, and that death occurred on the date and hour stated above.

that I last saw him alive on Aug 15 1941

8. AGE: Years 90 Months 1 Days 27 If less than one day hr. _____ min. _____

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

10. Usual occupation unknown

Immediate cause of death Senility

Due to Chronic Hepatic

Due to Emphysema

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

Major findings: Of operations _____

Of autopsy _____

11. Industry or business _____

MOTHER FATHER

12. Name unknown

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

14. Maiden name unknown

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

1246

16. (a) Informant's own signature _____
(b) Address _____

17. (a) burial (b) Date thereof Aug 15 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olivet cemetery

18. (a) Signature of funeral director James M. Laughlin
(b) Address Marceline, Mo

19. (a) Aug 16-41 (b) Maud T. Webb
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury _____

23. Signature Prud R. Hahn (M. D. or other) _____
Address Prud R. Hahn Date signed 8/16/41

(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.....

Licensed Embalmer No.....

P. O. Address.....

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.