

FILED NOV 17 1941

Registration District No. 198

Primary Registration District No. 3011

Registrar's No. 162

1. PLACE OF DEATH:

(a) County Calay
(b) City or town Excelsior Springs Mo.
(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 11 days
(Specify whether
In this community 11 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Nebr. (b) County Washington
(c) City or town Arlington
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Gottlieb Pfeiffer

3. (b) If veteran, name war no 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Else 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased January 31, 1874
(Month) (Day) (Year)

8. AGE: Years 67 Months 8 Days 28 If less than one day hr. min.

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

10. Usual occupation Postmaster

11. Industry or business U.S.

12. Name Solomo Pfeiffer

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

14. Maiden name Eva Katherine Wagner

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

16. (a) Informant Mrs. Elsie Pfeiffer

(b) Address Arlington Neb.

17. (a) Removal (b) Date thereof 10-31-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Arlington Neb.

18. (a) Signature of funeral director Charles Richert

(b) Address Excelsior Springs, Mo.

19. (a) 11/2/41 (b) Mrs. Red M. Bracker
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 29
year 1941 hour 6:30 minutes 10:30 M.

21. I hereby certify that I attended the deceased from _____ 19____ to 10/29 1941

that I last saw him alive on 29 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Pectoris Duration 2 yrs

Due to _____

Due to 94.6

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) (e) Means of injury 0

23. Signature Thos. Threlsen (M. D. or other) 10/30/41
Address Excelsior Springs Mo. Date signed _____

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed _____

11-12-41

FEB 2 1942

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

Robert Ray

Licensed Embalmer No. *4182*

P. O. Address. *Excelsior Springs, 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.