

S. No. 2  
M-9441  
Rev. 5-17-39  
X29484

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

40675

State File No. ....

FILED JAN - 6 1943 / 6

Primary Registration District No. 3020

Registrar's No. 108

1. PLACE OF DEATH:

(a) County Franklin  
(b) City or town Washington Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Francis Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 hrs  
(Specify whether  
In this community 5 hrs  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin  
(c) City or town Washington  
(If outside city or town limits, write "RURAL")  
(d) Street No. 9th W. J. 4th  
(If rural, give location)  
(e) Citizen of foreign country? None (Yes or No)  
If yes, name country None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 27  
year 1942 hour 4 minute 45 A.M.  
21. I hereby certify that I attended the deceased from Dec. 26  
1942 to Dec 27, 19 42  
that I last saw him alive on Dec. 27, 19 42  
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia

Due to miscarriage 6 1/2 months pregnancy  
Due to 159

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations  
Of autopsy

Duration  
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  
23. Signature Herbert H. Schuman (M. D. or other) MD  
Address Marionville, Mo Date signed Dec 27 42

3. (a) PRINT FULL NAME

Joseph Backlage

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

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

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive None years

7. Birth date of deceased Dec. 26 1942  
(Month) (Day) (Year)

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

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

10. Usual occupation None

11. Industry or business

MOTHER FATHER  
12. Name Vito Frank Backlage  
13. Birthplace Cincinnati Hill Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Ann Clara Mader  
15. Birthplace Cincinnati Hill Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Victor Backlage  
(b) Address Washington, Mo

17. (a) Burial (b) Date thereof Dec 27 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington, Mo

18. (a) Signature of funeral director Victor Backlage  
(b) Address Washington, Mo

19. (a) 12/27/42 (b) Lucille Ruether  
(Date received local registrar) (Registrar's signature)

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

36  
6  
2

36  
6  
2

1181

**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

*Lester H. Pitt*

Licensed Embalmer No. *3254*

P. O. Address *Washington, D.C.*

**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.**