

FILED JAN 28 1943

Registration District No.

Primary Registration District No. 5305

1. PLACE OF DEATH:

(a) County COLE

(b) City or town R. R. # 3 LIBERTY
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
R. R. # 3 JEFFERSON CITY, MO. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 87 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County COLE

(c) City or town JEFFERSON CITY, MO.
(If outside city or town limits, write "RURAL")

(d) Street No. R. R. # 3
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME HERMAN BACKERS

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 WIDOWED

6. (b) Name of husband or wife CRESINA BACKERS

6. (c) Age of husband or wife if alive DECEASED years

7. Birth date of deceased MARCH 17, 1847
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>95</u>	<u>8</u>	<u>23</u>br.....min.

9. Birthplace GERMANY (City, town, or county) (State or foreign country) 4

10. Usual occupation RETIRED FARMER

11. Industry or business

12. Name BERNARD BACKERS

13. Birthplace GERMANY (City, town, or county) (State or foreign country) 4

14. Maiden name ANNA POLLMAN

15. Birthplace GERMANY (City, town, or county) (State or foreign country) 4

16. (a) Informant JOHN VERSLEUS

(b) Address R. R. # 3 JEFFERSON CITY, MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12/12/42
(Month) (Day) (Year)

(c) Place: burial or cremation 1808, MO.

18. (a) Signature of funeral director Hubert S. Dulle

(b) Address JEFFERSON CITY, MO.

19. (a) Jan 21, 1943 (Date received local registrar) (b) James H. Backers (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 10
year 1942 hour 10 minute 0 a. M.

21. I hereby certify that I attended the deceased from Dec 4 1942 to Dec 10 1942
that I last saw him alive on Dec 4 1942
and that death occurred on the date and hour stated above.

Immediate cause of death
Bronchopneumonia
Terminal to Senility

Due to

Due to

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 107

Of autopsy

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 James H. Backers (M. D. or other) 0

Address Jefferson City, MO Date signed Dec 12-42

Duration
6 day
5 hrs,

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

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~~.....

Sylvester Dulle

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Sylvester Dulle

Licensed Embalmer No.

4321

P. O. Address:

Jefferson City, 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.