V. S. No. 2
50M—5-42
ev. 5-17-39
P I X3272

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 16 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11753

Registration District No. 260 Primary Registration District No. 3076 Registrar's No.

1. PLACE OF DEATH:

(a) County: Vernon

(b) City or town: Nevada (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1002 S. College St. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community: 10 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Vernon

(c) City or town: Nevada (If outside city or town limits, write "RURAL")

(d) Street No.: 1002 South College (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: Frank Offenburger

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: M

5. Color or race: White

6. (a) Single, widowed, married, divorced: Divorced

6. (b) Name of husband or wife:

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

7. Birth date of deceased: February 22, 1863 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
80	0	11	hr. min.

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

10. Usual occupation: Retired cigar maker

11. Industry or business:

FATHER
12. Name: unknown
13. Birthplace: unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Anna Bell Strader
15. Birthplace: unknown (City, town, or county) (State or foreign country)

16. (a) Informant: John Offenburger
(b) Address: Nevada, Mo. R.1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: March 9, 43 (Month) (Day) (Year)
(c) Place: burial or cremation: Deepwood Cemetery

18. (a) Signature of funeral director: Ferry Funeral Home
(b) Address: Nevada, Mo.

19. (a) 3-13-43 (Date received local registrar) (b) Hazil B. Burck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5 year 1943 hour minute M.

21. I hereby certify that I attended the deceased from Feb 1 43 to Mar 5 1943, that I last saw him alive on Mar 6 1943, and that death occurred on the date and hour stated above.

Immediate cause of death: Heart trouble

Due to: Kind Unknown

Due to: Cirrhosis Liver

Due to:

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? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: J. M. Yates D (M. D. or other)

Address: Nevada Mo Date signed 3/13/43

1331

(Licensed Embalmer's Statement on Reverse Side)

MAR 29 1943

RECEIVED
District Health Officer No. 7.
District File Number 2-43-163
Date Filed 3-15-43

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 L B Fears

Licensed Embalmer No. 1760

P. O. Address Nevada 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.