

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24745

State File No. _____

AUG 10 1943 77
Registration District No. _____

Primary Registration District No. 3016

Registrar's No. 155

1. PLACE OF DEATH:

(a) County Cole

(b) City or town Jafferson City, Mo.
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 2 days
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Osage 76

(c) City or town Loose Creek, Mo. 2
(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 John Adolph Backes

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 Child

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

7. Birth date of deceased: Oct 1st, 1942
(Month) (Day) (Year)

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

9 24 _____ hr. _____ min.

9. Birthplace Loose Creek, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Child,

11. Industry or business _____

MOTHER FATHER { 12. Name Herman A. Backes

{ 13. Birthplace Loose Creek, Mo. (City, town, or county) (State or foreign country)

{ 14. Maiden name Elizabeth Rustemeyer

{ 15. Birthplace Loose Creek, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Herman A. Backes

(b) Address Loose Creek, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-29-43
(Month) (Day) (Year)

(c) Place: burial or cremation Loose Creek, Mo.

18. (a) Signature of funeral director Clyde Morton

(b) Address Box 144, Linn, Mo.

19. (a) 7-27-43 (b) Norma Richter
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27th, year 1943 hour 5 minute 45 A. M.

21. I hereby certify that I attended the deceased from 7/26/43 to _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: Gastritis, haemorrhage, nephritis, glomerular agents,

Due to _____

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature W. W. Rambo (M. D. or other) _____
Address _____ Date signed 7-27-43

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

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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.....
Vernon Morton

Licensed Embalmer No.....
4125

P. O. Address.....
Linn

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.