

FILED APR 10 1946
4-9-46-180

Registration District No. 3-6-25623 Registrar's No.

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

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8917

1. PLACE OF DEATH:

(a) County LINCOLN

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

(c) Name of hospital or institution:
4 miles east of Troy, Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County LINCOLN

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

(d) Street No. 4 miles east of Troy, Mo.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME FREDERICK WILLIAM FEMMER ^{SR.}

3. (b) If veteran, name war _____

3. (c) Social Security No. 497-03-5646

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH Day 26
year 1946 hour 8 minute 15 P.M.

4. Sex Male 5. Color or race W

6. (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife TILLIE ELIZABETH FEMMER

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

7. Birth date of deceased JULY 5 1879
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____.

that I last saw him alive on MARCH 26, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death _____

8. AGE: Years 66 Months 8 Days 21 If less than one day _____ hr. _____ min.

Due to Leukemia, Myelogenous 2 1/2 yr

Due to _____

Other conditions _____
(include pregnancy within 3 months of death)

9. Birthplace St. Peters Mo. U
(City, town, or county) (State or foreign country)

10. Usual occupation retired

Major findings:
Of operations _____

Of autopsy _____

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

11. Industry or business _____

12. Name AUGUST FEMMER

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

14. Maiden name ANNIE STOCKER

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

16. (a) Informant Wife

(b) Address Route 1 - Troy, Mo.

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

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

18. (a) Signature of funeral director W. H. ...

(b) Address WINDFIELD, Mo.

19. (a) 3-28-46 (b) W. H. ...
(Data received local registrar) (Registrar's signature)

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. H. ... (M. D. or other) _____
Address Troy Date signed 3-28-46

APR 18 1948

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..... *W. J. Gibson*

Licensed Embalmer No. *4012*

P. O. Address: *Winfield, 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.