

Registration District No. 207

Primary Registration District No. 4318

Registrar's No. 3

1. PLACE OF DEATH:

(a) County Maries
(b) City or town Vienna, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 50 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Maries
(c) City or town Rural
(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 Henry Backues

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 married
6. (b) Name of husband or wife Nora E Backues 6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased Sept 24 1876
(Month) (Day) (Year)

8. AGE: Years 70 Months 3 Days 16 If less than one day hr. _____ min. _____

9. Birthplace Maries Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Thomas m Backues
13. Birthplace Osage Co. Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Matilda unknown
15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Nora Backues
(b) Address Vienna, Mo.

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bethel Cemetery

18. (a) Signature of funeral director J. C. Cunningham
(b) Address Vienna, Mo.

19. (a) 1-15-47 (b) Pauline Backues
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 10
year 1947 hour 8 minute 10 p.M.

21. I hereby certify that I attended the deceased from May 7, 1945 to January 9, 1947
that I last saw him alive on January 9, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis (Cerebral) 2 yrs.

Due to Hypertension

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

Major findings: Of operations _____ Of autopsy _____

Duration
2 yrs.
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 2

23. Signature L. C. Leland (M. D. or other) D.O.
Address Vienna, Missouri Date signed 1/15/48

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

MOTHER FATHER

148

RECEIVED
District Health Officer No. 9
District File Number
Date Filed 1-21-47

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 *M. C. Birmingham*

Licensed Embalmer No. *3664*

P. O. Address *Uelina M.*

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.