

S. No. 2
M-8-43
5-17-39
PI X37823

State File No.

FILED FEB 5 1948

Registration District No. 115

Primary Registration District No. 4187

Registrar's No.

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

36
5
0

1. PLACE OF DEATH:

(a) County Franklin

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

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

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin

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

(d) Street No. 701 State St
(If rural, give location)

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

3. (a) PRINT FULL NAME Ferdinand Pfeiffer

3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 29th
year 1948 hour 8 minute 42 A.M.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

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

7. Birth date of deceased April 3rd 1859
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 10-14, 1944 to 1-29, 1948
that I last saw him alive on 1-29, 1948; and that death occurred on the date and hour stated above.

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

88 9 26 hr. min.

Immediate cause of death Arterio sclerotic Cardiovascular disease 4 yrs

Due to.....

Due to.....

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

10. Usual occupation Retired

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

Major findings:
Of operations.....
Of autopsy.....

11. Industry or business.....

12. Name Michel Pfeiffer

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

14. Maiden name Katherine Fink

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Chas Pfeiffer
(b) Address Union, Mo

17. (a) Burial (b) Date thereof 2/1/1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Zion Cemetery Union Mo.

18. (a) Signature of funeral director E. J. Ottman
(b) Address Union Mo

19. (a) Jan. 31 - 1948 (b) F. T. Cooper
(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?.....

(Specify type of place) While at work?..... (c) Means of injury.....

23. Signature B. J. Stuckman (M. D. or other) M.D.
Address Union, Mo Date signed 1-31-48

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 2/4/48

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..... *E. A. Oltmann*
Licensed Embalmer No. *1686*
P. O. Address *Union Me.*

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.