No. 2
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 1 1948
Registration District No. 128

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

State File No. 4544
Registrar's No. 175

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

1. PLACE OF DEATH:
(a) County Green
(b) City or town Springfield Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1875 N Main
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 56 Yesrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Green 39
(c) City or town Springfield Missouri. 2
(If outside city or town limits, write "RURAL")
(d) Street No. 1875 N Main 6
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME CHARLES A PACHLHOFER.
3. (b) If veteran, name war no
3. (c) Social Security No.

4. Sex Male O
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife Sallie Pachlhofer
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased November 27 1871
(Month) (Day) (Year)

8. AGE: Years 75 Months 2 Days 24 If less than one day ..... hr. ..... min.

9. Birthplace Piqua Ohio 1
(City, town, or county) (State or foreign country)
10. Usual occupation Retired Boiler Maker
11. Industry or business
FATHER
12. Name Adolph Pachlhfer
13. Birthplace Austria 4
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Anna Rupp
15. Birthplace Switzerland 5
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs W.A Delashmit
(b) Address 1875 N Main
17. (a) Burial (b) Date thereof Feb 24 48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Greenlawn Cemetery
18. (a) Signature of funeral director Alma Lohmeyer F.N
(b) Address Springfield Missouri.
19. (a) 2-23-48 (b) W.E. Handley MD
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 21
year 1948 hour 6 pm minute ..... M.
21. I hereby certify that I attended the deceased from March 1942 to Feb. 21 1948
that I last saw him alive on Feb. 18 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Angina
Ch. Myocarditis
Due to Arterio Sclerosis
3rd degree with
Due to Hypertension

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

Major findings:
Of operations
Of autopsy no

Duration

PHYSICIAN
Underline the cause of 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 W. Hewell (M. D. or other) MD
Address Springfield Mo Date signed 2-23-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

MAR 17 1948

FEB 17 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 Lee Maroy, Registered Apprentice No. 477, working under my personal supervision.

Signed Jewell E. Wendle

Licensed Embalmer No. 2331

P. O. Address Springfield 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.