

No. 2
-1/47
-17-39

National Office of Vital Statistics
FILED MAR 8 1948
Registration District No. **67**

Primary Registration District No. **6076**

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

1. PLACE OF DEATH:

(a) County: Sterling

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

(c) Name of hospital or institution: Pine Creek Nursing Home
(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: Mo (b) County: OTterbein

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

(d) Street No.: Pine Creek Nursing Home
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME: FRED PUELLMAN

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex: M 5. Color or race: W

6. (a) Single, widowed, married, divorced: Widow

6. (b) Name of husband or wife: _____

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

7. Birth date of deceased: Unknown
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>unk</u>			hr. _____ min. _____

9. Birthplace: Unknown
(City, town, or county) (State or foreign country)

10. Usual occupation: Unknown

11. Industry or business: Unknown

12. Name: Unknown

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

14. Maiden name: Unknown

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

16. (a) Informant: Pine Creek Nursing Home

(b) Address: Bacurin Mo

17. (a) _____ (b) Date received: Feb 21 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: _____

18. (a) Signature of funeral director: _____

(b) Address: 104 Manchester Ave

19. (a) 2-20-48 (Date received local registrar) (b) Georley Shapiro (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 21st year 1948 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to January 21st 1948, 19____, that I last saw him alive on January 20th 1948, and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis

Due to: _____

Due to: 93 d

Other conditions: Arterio-Sclerosis
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations: _____

Of autopsy: _____

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: R. N. Jansen (M. D. or other) _____

Address: Manchester Mo Date signed: _____

PHYSICIAN
Underline the cause of which death should be charged statistically.

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.....

Licensed Embalmer No.....

P. O. Address.....

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.