

FILED APR 5 1948

Registration District No. 209

Primary Registration District No. 5761

Registrar's No. 13

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Rural, Liberty Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Marion County Infirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 years
(Specify whether years, months or days)
In this community Life time

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Liberty Township
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William Franzman

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

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

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

7. Birth date of deceased June 25 1862
(Month) (Day) (Year)

8. AGE: Years 85 Months 9 Days 3 If less than one day hr. _____ min. _____

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

10. Usual occupation Cook

11. Industry or business _____

12. Name Peter Franzman

13. Birthplace No record
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Wentzel

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

16. (a) Informant County Records

(b) Address Palmyra, Mo.

17. (a) Burial (b) Date thereof 3/29/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Palmyra, Mo.

(b) Address _____

19. (a) 3-29-48 (b) Viola Gus Deputy
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month March day 28
year 1948 hour 2 minute 0 P. M.

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

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Severe Secumonia

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

162A

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 force) (e) Means of injury _____

23. Signature E. M. Loda (M. D. or other) _____

Address Palmyra Date signed 3-29-48

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

4
0
0

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.....
Geo. B. Lewis

Licensed Embalmer No. *2382*

P. O. Address.....
Palmyra 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.