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35697

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

FILED SEP 8 1948

State File No. _____

Registration District No. 282

Primary Registration District No. 4425

Registrar's No. 105

1. PLACE OF DEATH:

(a) County Lack
(b) City or town Merrissville, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
N. W. of Merrissville
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 3 months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lack
(c) City or town Merrissville Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 2 mi. N. W. of Merrissville
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country None

3. (a) PRINT FULL NAME

John Henry Achilles

3. (b) If veteran, name war None

3. (c) Social Security No. 526-03-6573

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 3 year 1948 hour 11:30 minute p. M.

21. I hereby certify that I attended the deceased from Sept 3 1948 to Sept 3 1948 that I last saw him alive on Sept 3 1948 and that death occurred on the date and hour stated above.

Immediate cause of death bone lower jaw 1 1/2 metastasis to skull
Due to probably metastasis

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations _____
Of autopsy 1/3

Duration _____
Underline the cause to which death should be charged statistically.

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

9. Birthplace McPherson Co. Kansas (City, town, or county) (State or foreign country)

10. Usual occupation Jumpman - Copperminer

11. Industry or business

12. Name Charles Achilles

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

14. Maiden name Fredericke Lueck

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

16. (a) Informant Mrs. John H. Achilles

(b) Address Merrissville, Mo.

17. (a) Removal (b) Date thereof Sept. 5, 1948 (Month) (Day) (Year)

(c) Place: burial or cremation Women, Kansas

18. (a) Signature of funeral director Carroll and Blue

(b) Address Balvay Mo

19. (a) Sept. 4, 1948 (b) Ralph Sargent (Date 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? _____

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

23. Signature Doyle Conlan (M. D. or other) _____

Address Balvay Mo Date signed 9/4/48

FEB 4 1949

SEP 23 1948

MAY 17 1955

RECEIVED

District Health Officer No. 7,

District File Number 8-48-1048

Date Filed 9-7-48

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 Walter P. Erwin

Licensed Embalmer No. 3092

P. O. Address Balmar, N.J.

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.