

S. No. 2
1-8-43
5-17-39
K37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 4 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30333

State File No.

Registration District No. 187

Primary Registration District No. 5700

Registrar's No. 125

1. PLACE OF DEATH:
(a) County Livingston County
(b) Rural Grand River Twp.
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Livingston
(c) City Grand River Twp.
(d) Street No.
(e) Citizen of foreign country?

3. (a) PRINTED FULL NAME Benjamin Exaltenberger
(b) If veteran, name war
(c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day Fifteenth
year 1948 hour 11 minute 30 P.M.
21. I hereby certify that I attended the deceased from after death
that I last saw h. alive on
and that death occurred on the date and hour stated above.

4. Sex male
5. Color or race W
6. (a) Single, widowed, married, divorced Single
(b) Name of husband or wife
(c) Age of husband or wife if alive years
7. Birth date of deceased Jan 17 - 1889

Immediate cause of death strangulation
Duration

8. AGE: Years 59 Months 7 Days 28
If less than one day hr. min.

Due to Hanging by rope
Due to

9. Birthplace Hastings Neb.
10. Usual occupation Farmer

Other conditions
Major findings: operations
Of autopsy

MOTHER FATHER
11. Industry or business
12. Name Joseph Edward Exaltenberger
13. Birthplace Ill
14. Maiden name Barbara Exaltenberger
15. Birthplace Ill

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

16. (a) Informant Fred Exaltenberger
(b) Address Hale Mo
17. (a) Burial (b) Date thereof 9-18-48
(c) Place: burial
18. (a) Signature of funeral director
(b) Address
19. (a) Date received local registrar (b) Registrar's signature

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) suicide
(b) Date of occurrence Sept 15, 1948
(c) Where did injury occur? Rural Livingston Mo
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
23. Signature Date signed

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

DISTRICT HEALTH OFFICE
Cameron, Mo.

NOV 16 1950

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 Francis E. Slater

Licensed Embalmer No. 987

P. O. Address Hale 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.