

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

38869  
 Do not use this space.

NOV 18 1939

**1. PLACE OF DEATH**

(a) County Andrew Registration District No. 13  
 (b) Township Nodaway (Rural) Primary Registration District No. 5016 Registered No. 70  
 (c) City..... (d) Street No.....  
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.  
 (e) Length of residence in city or town where death occurred  yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME** Louis A. Aebersold

(a) Residence, No. Andrew County Mo. St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lizzie D. Aebersold  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 30 1859  
 7. AGE YEARS 80 MONTHS \* --- DAYS 20 If LESS than 1 day, .....hra. or .....min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
 9. Industry or business in which work was done, as saw mill, bank, etc.....  
 10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Un. Known 1  
 (STATE OR COUNTRY) Ohio

FATHER 13. NAME John A. Aebersold 7  
 14. BIRTHPLACE (CITY OR TOWN) Born 7  
 (STATE OR COUNTRY) Switzerland

MOTHER 15. MAIDEN NAME Barbaria Yenni  
 16. BIRTHPLACE (CITY OR TOWN) Bern  
 (STATE OR COUNTRY) Switzerland

17. INFORMANT Robert Aebersold  
 (ADDRESS) Savannah Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Savannah DATE Nov 22 1939

19. FUNERAL DIRECTOR E. C. Breit  
 (ADDRESS) Savannah Mo.

20. FILED Nov. 22-1939 Mrs. Jennie Rash  
 Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 20 1939 19

22. I HEREBY CERTIFY, That I attended deceased from 1939, to Nov 20, 1939  
 I last saw him alive on Nov 20, 1939. Death is said to have occurred on the date stated above, at 3:10 p.m.  
 The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset 11/20/39

E. C. Breit

Other contributory causes of importance: Arteriosclerosis 1934

Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide?..... Date of injury....., 19.....  
 Where did injury occur?..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify Clifford L. Stidley 3  
 (Signed) J. J. ... (Address) Savannah Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF HEALTH  
Bureau of Health Statistics  
Date Filed DEC 15 1939

MAR 22 1948

STATEMENT BY LICENSED EMBALMER

I, E. C. Breit, Licensed Embalmer No. 2650

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me.

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed

E. C. Breit

Licensed Embalmer No. 2650

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.)