

REG-106 23 1940

Registration District No. 735

Primary Registration District No. 3034

148

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1100 Concession
(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 Missouri (b) County Randolph
(c) City or town Moberly
(If outside city or town limits, write "RURAL")
(d) Street No. 1100 Concession
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME John J. Fiala 400

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

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

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

7. Birth date of deceased: Jan 28 1888
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
52 5 22 hr. min.

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

10. Usual occupation upholsterer

11. Industry or business Self

12. Name: John Fiala

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

14. Maiden name Fannie Hacker

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

16. (a) Informant Mrs Cora May Fiala

(b) Address Moberly mo

17. (a) Burial (b) Date thereof July 27 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly mo

18. (a) Signature of funeral director Mahran Guelson

(b) Address Moberly

19. (a) July 22-40 (b) Seal Villidum
(If received local registrar) (Registrar's signature)

MOTHER FATHER

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20th
year 1940 hour 11 minute a. M.

21. I hereby certify that I attended the deceased from Cora May to base 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 Poisoning by drinking Formaldehyde

Due to _____

Due to _____

Other conditions _____
(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) Suicide

(b) Date of occurrence July - 20 - 1940

(c) Where did injury occur? Moberly Randolph Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
925 In home

(Specify type of place) _____

(c) Means of injury Drank

23. Signature B. J. Grader (M. D. or other) Dr. Corner

Address Moberly mo Date signed 7-20-40

Duration
? 15^{1/2}
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 10

District File Number 8-40-1582

Date Filed AUG 8 1940

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.....

Frank DeWitt

Licensed Embalmer No.....

3021

P. O. Address.....

Moberly

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, above space should be left blank.