

JAN 20 1940

Registration District No. 113

Primary Registration District No. 5255

Registrar's No. 66

1. PLACE OF DEATH:

(a) County, Lincoln
(b) City or town, Truxton
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 60 years
(Specify whether years, months or days) _____

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Lincoln
(c) City or town Truxton
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location) 0
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Albert August Femmer

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Annie F Femmer 6. (c) Age of husband or wife if alive 29 years
7. Birth date of deceased 11 (Month) 22 (Day) 1866 (Year)

8. AGE: Years 74 Months 0 Days 28 If less than one day _____ hr. _____ min.

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

10. Usual occupation Ret Blacksmith

11. Industry or business General Duties

12. Name August Femmer

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

14. Maiden name Annie Stoker

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

16. (a) Informant Mrs Annie F Femmer

(b) Address Truxton Mo

17. (a) Burial (b) Date thereof 12-21-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Zion Cemetary

18. (a) Signature of funeral director Claud L Jones

(b) Address Bellflower Mo

19. (a) 12/21/1940 (b) H. S. Owens
(Date received local registrar) (Registrar's signature)

(c) _____

(d) _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 18 1940
year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Jan 1,
1940 to Dec 18, 1940
that I last saw him alive on Dec 17, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to _____

Due to M.C.

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) _____

(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? _____

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

23. Signature H. S. Owens (M. D. or other) _____

Address Truxton Mo Date signed 12-19-40

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

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.....

Cedric O Jones

Registered Apprentice No. *246*

working under my personal supervision.

Signed.....

Clarence A Jones

Licensed Embalmer No. *2978*

P. O. Address *Bellflower Ind*

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.