

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

8362

State File No. _____

Registrar's No. 6

FILED MAR 19 1941

Registration District No. 8.27

Primary Registration District No. 6089

1. PLACE OF DEATH

(a) County Shelby
(b) City or town Clarence Mo R.R.
(c) Name of hospital or institution: 1 N. Main St.
(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

3. (a) PRINT FULL NAME HIRAM BACHSTEIN

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 95- 6. (c) Age of husband or wife If alive _____ years

7. Birth date of deceased 4-26-1860
(Month) (Day) (Year)

8. AGE: Years 80 Months 10 Days 2 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Frank Bachstein

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

14. Maiden name Rosa Rittel

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

16. (a) Informant Dora Bachstein (b) Address Clarence Mo

17. (a) Burial (b) Date thereof 3-4-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation W. Bethel

18. (a) Signature of funeral director William J. Bartels
(b) Address Clarence Mo

19. (a) 3-4-1941 (b) Ray Harrison
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Shelby
(c) City or town Clarence R.R.
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 28
year 1941 hour 1030 minute a M.

21. I hereby certify that I attended the deceased from Feb 28
Only 1941 to Feb 28 1941
that I last saw him alive on Feb 28 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy Duration 4 days

Due to _____

Due to 4.2 W

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? 751
While at work? _____ (Specify type of place) (e) Means of injury Auto

23. Signature D. L. Harlan (M. D. or other) MD
Address Clarence Mo Date signed Mar 4 1941

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

RECEIVED

District Health Officer No. 10

District File Number 3-41-545

Date Filed MAR 10 1941

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

Licensed Embalmer No. 3835

P. O. Address Chelms 910

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.