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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10623

FILED APR 2 1941

Registration District No. 296 Primary Registration District No. 5413 Registrar's No.

36
0
0

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

1. PLACE OF DEATH:

(a) County Franklin Mo.

(b) City or town Union Mo., Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(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 Franklin 36

(c) City or town Union, Rural 0
(If outside city or town limits write "RURAL") 0

(d) Street No. (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Charles Tracht

3. (b). If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased June (Month) 6 (Day) 1871 (Year)

8. AGE: Years 69 Months 9 Days 18 If less than one day hr. min.

9. Birthplace Gascanade County Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business

FATHER
12. Name Henry Tracht
13. Birthplace (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name Mary Nee Westholt
15. Birthplace (City, town, or county) (State or foreign country) 9

16. (a) Informant Edwin C. Mantels Edw.
(b) Address Union Mo.

17. (a) (Burial, cremation, or removal) (b) Date thereof Mar. 26, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Jefferies Burg

18. (a) Signature of funeral director E. F. Oltmann
(b) Address Union Missouri

19. (a) 3-25-41 (Date received local registrar) (b) Lacey F. Howe M. D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23 year 1941 hour — minute a.m.

21. I hereby certify that I attended the deceased from —, 19__, to __, 19__; that I last saw h__ alive on __, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Sclerosis

Due to Myocarditis

Due to

Other conditions (Include pregnancy within 3 months of death) 93½

Major findings:
Of operations
Of autopsy Coronary Sclerosis

Duration

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

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Natural
(b) Date of occurrence March 23, 1941
(c) Where did injury occur? Union Franklin Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Farm home (Specify type of place)
85 While at work? (e) Means of injury

23. Signature Ernst L. Oltmann Coroner or other)
Address Gerald, Missouri Date signed 3/24/41

(Licensed Embalmer's Statement on Reverse Side)

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 E. F. Oltmann

Licensed Embalmer No. 1686

P. O. Address Union Me.

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.