

Registration District No. 1

Primary Registration District No. 200

Registrar's No. 143

1. PLACE OF DEATH:

(a) County Adair  
(b) City or town Youngstown Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Highway 311 west of Kirksville, Mo.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 17 yr.  
In this community 17 yr.  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair  
(c) City or town rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Youngstown Mo.  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Olin Phillip Haberstich

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 single

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive 7 years 1924

7. Birth date of deceased January (Month) 7 (Day) 1924 (Year)

8. AGE: Years 17 Months 4 Days 4 If less than one day hr. min.

9. Birthplace Adair County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation farm boy

11. Industry or business farm

12. Name Emil Phillip Haberstich

13. Birthplace Adair Co. Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Nola Shafer

15. Birthplace Adair Co. Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Nola Haberstich

(b) Address Youngstown Mo. R. F. D. burial

(c) Place: burial or cremation Union Temple Cent.

18. (a) Signature of funeral director Laura Riley

(b) Address Kirksville Mo.

19. (a) May 2 1941 (Date received by local registrar) (b) Spencer L. Freeman (registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11 year 1941 hour about 11 minute 0 M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 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 3rd rib ribbed  
accidental by  
his own hand

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) 104

Major findings: Of operations 37

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence May 11 1941

(c) Where did injury occur? Highway 11 - Adair Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Highway #11 under bridge

While at work? no (Specify type of place) (e) Means of injury Blunt force

23. Signature W. G. Sumner (M. D. or other) 3  
Address Kirksville, Mo. Date signed \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 10

District File Number 6-41-1170

Date Filed JUN 18 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 Laura Riley.....

Licensed Embalmer No. 3907.....

P. O. Address Kirksville Mo......

**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, fact should be so stated above.**