

Registration District No. 2

Primary Registration District No. 205

Registrar's No. 48

1. PLACE OF DEATH:

(a) County Andrew
(b) City or town Savannah
(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 60 years
years, months or days

3. (a) PRINT FULL NAME MRS. MARY A. ELINE WACHTEL

3. (b) If veteran, name war no

3. (c) Social Security No. no

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

6. (b) Name of husband or wife Milton C. Wachtel 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased FEB 4 - 1869
(Month) (Day) (Year)

8. AGE: Years 73 Months 7 Days 22 If less than one day _____ hr. _____ min.

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

10. Usual occupation at home

11. Industry or business _____

12. Name Peter Moran

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

14. Maiden name Nancy Ellen Piercefield

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

16. (a) Informant Ina C. Wachtel

(b) Address Savannah, Mo.

17. (a) Savannah (b) Date thereof 9-28-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Savannah

18. (a) Signature of funeral director J. Fred Tatum

(b) Address Savannah, Mo.

19. (a) Sept 27-41 (b) Mrs. Jennie Ruch
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew
(c) City or town Savannah
(If outside city or town limits, write "RURAL")
(d) Street No. 107 E Main
(If rural, give location) 0
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 26
year 1941 hour 9 minute 15 P.M.

21. I hereby certify that I attended the deceased from Sept 11-14
1941, to Sept 26, 1941;
that I last saw her alive on Sept 26, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Arterio Sclerosis Duration _____

Due to Injury Sept 25, 1941

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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) _____
(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? _____

While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature J. Hoshko (M. D. or other) _____
Address Savannah Mo. Date signed 9/27/41

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

MOTHER FATHER

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.....

Fred Tishum

Licensed Embalmer No. 1279

P. O. Address Savannah Ga

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34165

Registration District No. 2

Primary Registration District No. 205

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Andrew

(b) City or town Savannah
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(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 _____ (b) County _____

(c) City or town _____
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary A. Wachtel

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M

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

7. Birth date of deceased Feb 4, 1868
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>7</u>	<u>12</u>	<u>14</u> min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____ (b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept Day 11 Year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____; _____ 19____; _____ 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Aortic Insufficiency Duration _____

Due to Injury Sept 11, 1941

Due to _____

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

Major findings: Of operations _____ Of autopsy _____

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) Accident

(b) Date of occurrence Sept 11, 1941

(c) Where did injury occur? Her home Savannah, Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Her home stayed on porch floor cracked
(Specify type of place)

While at work: making bed (e) Means of injury Practical

23. Signature J. J. Washor (M. D. or other) _____

Address Savannah, Mo Date signed 1941

SUPPLEMENTARY

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

Savannah, Mo

