

FILED JAN 20 1942

Registration District No. **494**

Primary Registration District No. **565-8**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Lincoln**
(b) City or town **Corso Mo. Rural**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Ninevack Hosp.**
(If not in hospital or institution, write street number or location)
(d) Length of stay: **In hospital or institution**
In this community **This Community**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Lincoln**
(c) City or town **Corso, Rural, 057**
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Barnabas Ficht

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**

(b) Name of husband or wife **Rosa Ficht**

6. (c) Age of husband or wife if alive **69** years

7. Birth date of deceased **Nov. 20 1871**
(Month) (Day) (Year)

8. AGE: Years **70** Months **0** Days **21** If less than one day _____ hr. _____ min.

9. Birthplace **Baden Germany**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Baker**

11. Industry or business _____

12. Name **Jacob Ficht**

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

14. Maiden name **Sabra Yuhwost**

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

16. (a) Informant **Frank Gieselmann**

(b) Address **Corso Mo.**

17. (a) **Burial** (b) Date thereof **Dec. 15, 41.**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Hiram Cemetery.**

18. (a) Signature of funeral director **Ziegler Bros.**

(b) Address **2623 Cherokee Street.**

19. (a) **Dec-18-41** (b) **J. Ruby Pennington**
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **11** year **1941** hour **9** minute **15** M.

21. I hereby certify that I attended the deceased from **7:26** **10-19-41** to **Dec-11-1941** that I last saw him alive on **Feb. 11-1941** and that death occurred on the date and hour stated above.

Immediate cause of death **Broncho-Pneumonia**

Due to **Decomposed Myocarditis**

Due to **Decomposed**

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: Of operations **101**

Of autopsy **No.**

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 _____

23. Signature **D.H. Hanson** (M. D. or other) **0**
Address **Siles Mo.** Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

7000

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 *Juddie A. Zingales*
Licensed Embalmer No. *2270*
P. O. Address *2623 to Huron*

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.