

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED FEB 11 1942

Registration District No.

Primary Registration District No. 5880

Registrar's No.

1. PLACE OF DEATH:

(a) County Perry

(b) City or town Rural Salem, Mo.
(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 75-3-2
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry 79

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

(d) Street No. 0
(If rural, give location)

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

3. (a) PRINT FULL NAME Mithilda Bachmann

3. (b) If veteran, name war..... 3. (c) Social Security No. None

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

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

7. Birth date of deceased Sept. 24 1866
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>3</u>	<u>2</u> hr. min.

9. Birthplace Perry Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business.....

12. Name Herman Eggers

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

14. Maiden name Don't know

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

16. (a) Informant Ernst Bachmann
(b) Address Farrar Mo.

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

(c) Place: burial or cremation Farrar, Mo.

18. (a) Signature of funeral director Young & Sons
(b) Address Perryville Mo.

19. (a) (b) M. S. Bachmann
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 26
year 1941 hour 9:00 minute A M.

21. I hereby certify that I attended the deceased from December 17th, 1941, to Dec. 26, 1941, that I last saw her et alive on Dec. 24th, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death.....

Acute Hepatitis 2 weeks

Due to..... Chronic Cholecystitis

Due to.....

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

Major findings:
Of operations..... 12562

Of autopsy.....

PHYSICIAN

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)

(c) Method of injury.....

23. Signature Theodore Siefer M.D. or other.....
Altensburg, Mo. Date signed 1/28/42

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

99
0
0

MOTHER FATHER

918

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.....

P. O. Address.....

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.