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No. 2
11-10-39
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MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

5805

State File No. _____

Registrar's No. 7

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAP 9 1942
Registration District No. 4024

Primary Registration District No. 4024

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

1. PLACE OF DEATH:
(a) County Barton
(b) City or town Lamar
(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 22 years
years, months or days

3. (a) PRINT FULL NAME THEOPHIEL HABEGER
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

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

7. Birth date of deceased June 20 1858
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
83 7 23 _____ hr. _____ min.

9. Birthplace Elgin, Fayette County, Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Builder and Contractor, Retired.

11. Industry or business _____

12. Name Jacob Habeger

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

14. Maiden name Madgaline Bear

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

16. (a) Informant Ruth Habeger
(b) Address Lamar, Missouri

17. (a) Burial Lake Cemetery (b) Date thereof Feb 15 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation, _____
18. (a) Signature of funeral director Konantz Funeral Home
(b) Address Lamar, Missouri

19. (a) Feb 14 1942 (b) Martha River
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Barton
(c) City or town Lamar
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) _____
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 13th
year 1942 hour 9 minute 45 A. M.

21. I hereby certify that I attended the deceased from Dec. 10, 1940 to Feb. 13, 1942;
that I last saw him alive on Feb. 13, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac De-compensation
auricular fibrillation
Duration Feb. 9
1 year +

Due to _____
Due to 9 of a

Other conditions Arterial Hypertension
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
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? _____

23. Signature Herbert T. Buckel (M. D. or other) M.D.
Address Lamar, Mo. Date signed Feb 13-42

RECEIVED

District Health Officer No. 6,

District File Number 342-273

Date Filed MAR 6 1942

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 *Justie S. Hubbard*

Licensed Embalmer No. 3550

P. O. Address Lamar, Missouri

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.