

FILED MAR 2 1942

State File No. _____

Registration District No. 044

Primary Registration District No. 5853

Registrar's No. 3

1. PLACE OF DEATH:

(a) County O. S. A. G. E.
(b) City or town Linn - MO - R - R - A - L
(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 LIFE TIME years, months or days

3. (a) PRINT FULL NAME John BACKES

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

4. Sex MO 5. Color or race W 6. (a) Single, divorced, married, widowed MARRIED
6. (b) Name of husband or wife MARY RUSTEMEYER 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct 17 1961 (Month) (Day) (Year)

8. AGE: Years 80 Months 3 Days 8 If less than one day _____ hr. _____ min.

9. Birthplace LOOSE CREEK MO (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name August BACKES
13. Birthplace Germany 4 (City, town, or county) (State or foreign country)
14. Maiden name THERESSA KREMER
15. Birthplace Germany 4 (City, town, or county) (State or foreign country)

16. (a) Informant Gustav Backes

(b) Address Bonnets Mill

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-22-42 (Month) (Day) (Year)

(c) Place: burial or cremation LOOSE CREEK

18. (a) Signature of funeral director Maxter Funeral Home

(b) Address Linn - Mo

19. (a) 1-23-42 (Date received local registrar) (b) Emily Matte (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ossage 76
(c) City or town Loose Creek Mo 0 (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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 20 year 1942 hour 10 minute _____ A.M.

21. I hereby certify that I attended the deceased from Dec 1940 to Jan 19 1942 that I last saw him alive on Jan 19 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Acute pulmonary thrombosis Duration _____

Due to Chronic bronchitis
Due to Chronic suppurative

Other conditions Old age 80 yrs (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy 1318 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 10

23. Signature Joseph ... (M. D. or other)

Address Linn Mo Date signed _____

74000
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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..... *Vernon M. Morton*

Licensed Embalmer No. *4125*

P. O. Address *Lincoln*

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.