

S. No. 2  
-1-4-41  
5-17-39  
PI X28390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED 22 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 10609

Registration District No. 214 Primary Registration District No. 5291 Registrar's No. 5

1. PLACE OF DEATH:  
(a) County COLE  
(b) City or town ELSTON, MISSOURI  
(c) Name of hospital or institution: MARION TOWNSHIP  
(d) Length of stay: In hospital or institution 80 YEARS  
In this community 80 YEARS

2. USUAL RESIDENCE OF DECEASED:  
(a) State MISSOURI (b) County COLE 026  
(c) City or town ELSTON, MISSOURI  
(d) Street No. MARION TOWNSHIP  
(e) Citizen of foreign country? NO  
If yes, name country

3. (a) PRINT FULL NAME HERMAN HENRY BACKERS  
(b) If veteran, name war NONE  
(c) Social Security No. NONE

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month APRIL day 4 year 1942 hour 4 minute 30 A. M.

4. Sex MALE  
5. Color or race WHITE  
6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife CATHERINE BEUMEL  
6. (c) Age of husband or wife if alive 81 years  
7. Birth date of deceased JUNE 8, 1854

21. I hereby certify that I attended the deceased from Jan 10 1941 to Apr 4 1942 that I last saw him alive on Apr 4 1942 and that death occurred on the date and hour stated above.

8. AGE: Years 87 Months 9 Days 26 hr. min.

Immediate cause of death: Chronic Pulmonary heart disease

9. Birthplace HANOVER GERMANY

Due to: Chronic Nephritis

10. Usual occupation RETIRED BLACKSMITH

Other conditions: Chronic Nephritis

11. Industry or business:  
12. Name HERMAN BACKERS  
13. Birthplace HANOVER GERMANY  
14. Maiden name ANNA MARGARET HAAKE  
15. Birthplace HANOVER GERMANY

Major findings: Of operations: Of autopsy: 131B

16. (a) Informant EDWARD BACKERS  
(b) Address ELSTON, MISSOURI

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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

17. (a) BURIAL (b) Date thereof 4/6/42  
(c) Place: burial or cremation ST. MARTINS

18. (a) Signature of funeral director John F. Heinrich  
(b) Address JEFFERSON CITY, MO

23. Signature of Registrar: J. J. Wittmann  
Address: Jeffers City, Mo Date signed 4-11-42

19. (a) 4/9/42 (b) J. J. Wittmann

(Licensed Embalmer's Statement on Reverse Side)

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

2600

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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**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.....  
*Sylvester Dulla*....., Registered Apprentice No. *292*  
working under my personal supervision.

Signed.....*Jeff L. Smith*.....  
Licensed Embalmer No. *3655*  
P. O. Address *Jeff City, Mo.*

**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.**