

FILED JUN 10 1942

Registration District No. 53

Primary Registration District No. 5082

Registrar's No. 13

1. PLACE OF DEATH:

(a) County Bates

(b) City or town Rich-Hill, Mo. RFD

(c) Name of hospital or institution: Osage Sup.

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 30 yrs.

In this community 30 yrs.

(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Bates

(c) City or town Osage TWP.

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

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME George Wallace Backer

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M D 5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Rosa Backer

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased Oct. 20, 1864

(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>7</u>	<u>5</u>	hr. min.

9. Birthplace Liberty, Iowa

(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name James Backer

13. Birthplace New York

(City, town, or county) (State or foreign country)

14. Maiden name Francis Sumpter

15. Birthplace Indiana

(City, town, or county) (State or foreign country)

16. (a) Informant C.E. Backer

(b) Address Rich Hill, Mo.

17. (a) Burial (b) Date thereof May 27, 1942

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn Cemetery

18. (a) Signature of funeral director Booths

(b) Address Rich Hill Mo

19. (a) June 3rd '42 (b) Claude & Allen M.D.

(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25th

year 1942 hour 19 minute 30 P.M.

21. I hereby certify that I attended the deceased from May 18 to May 25 and that death occurred on the date and hour stated above.

Immediate cause of death Primary Pulmonary

Due to Myocardial Infarction

Due to 94%

Other conditions (Include pregnancy within 3 months of death) 94%

Major findings: Of operations

Of autopsy

Duration 7

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) (a) Means of injury

23. Signature Booths (M. D. or other) Mo

Address Rich Hill Mo Date signed July 26/42

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

7
00

56

JUN 12 1942

RECEIVED

District Health Officer No. 7,

District File Number 6-42-591

Date Filed 6-8-42

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.....

John G. Burkum

Licensed Embalmer No. 3585

P. O. Address Baltimore

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.