S. No. 2
M—5-42
5-17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 10 1943

Registration District No. 21

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22018

Primary Registration District No. 4331

Registrar's No.

1. PLACE OF DEATH:
(a) County Jamestown
(b) City or town Moniteau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Moniteau.
(c) City or town Jamestown (Rural). 6
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country ****

3. (a) PRINT FULL NAME Earnest Kobel

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 Widow

6. (b) Name of husband or wife

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

7. Birth date of deceased Sept. (Month) 18 (Day) 1882 (Year)

8. AGE: Years 60 Months 8 Days 14 If less than one day hr. min.

9. Birthplace Switzerland (City, town, or county) Bern 5 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Switzerland (City, town, or county) 5 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Switzerland (City, town, or county) 5 (State or foreign country)

16. (a) Informant Hugo Bozhardt
(b) Address Jamestown, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 4 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Moniteau Cemetery

18. (a) Signature of funeral director Chas. C. Fullrich
(b) Address Jamestown

19. (a) June 2 1943 (Date received local registrar) (b) Grace Gentzsch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2. year 1943 hour 5:30 minute P.M.

21. I hereby certify that I attended the deceased from 7/6/43, 19..., to 6/2/43., 19...; that I last saw him alive on May 30, 1943., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Appoplexy — 5/24/4
Due to ****
****
Due to ****
****
Other conditions Neg.
(Include pregnancy within 3 months of death)

Major findings:
Of operations None.
Of autopsy None.

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) None.
(b) Date of occurrence None.
(c) Where did injury occur? None. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? No (e) Means of injury ****

23. Signature Dr. G. A. Reynolds (M.D. or other)
Address Jamestown Mo. Date signed 6/3/43

(Licensed Embalmer's Statement on Reverse Side)

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. N. E. Friedmeyer

Licensed Embalmer No. 2854

P. O. Address California 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.