

11 AUG 9 1943
Registration District No. _____

Primary Registration District No. 5751

1. PLACE OF DEATH:

(a) County Chariton

(b) City or town Mendon (Rural)
(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 65 yrs. (Specify whether)

years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Chariton

(c) City or town Mendon (Rural)
(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 _____

3. (a) PRINT FULL NAME SAMUEL OBETZ

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 14
year 1943 hour 8 minute 20 A.M.

21. I hereby certify that I attended the deceased from JULY 10
1943 to JULY 13 1943
that I last saw him alive on JULY 13 1943
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W

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

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

7. Birth date of deceased Oct. 6 1855
(Month) (Day) (Year)

Immediate cause of death Resp Distory
of a:ture

Duration (Necrosis)

8. AGE: Years 87 Months 9 Days 8 If less than one day _____ hr. _____ min.

9. Birthplace Former Columbus, Mo
(City, town, or county) (State or foreign country)

Due to Senility

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

10. Usual occupation Farmer

11. Industry or business Farming

12. Name Aaron Obetz

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

14. Maiden name Dellick Conrad

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

Major findings: Of operations ✓

Of autopsy ✓

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Harry Obetz

(b) Address Mendon, Mo

17. (a) Burial (b) Date thereof 7/18/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Newcomer

18. (a) Signature of funeral director P. J. Lewis

(b) Address Mendon, Mo

19. (a) July 18 1943 (b) P. J. Lewis
(Date received local registrar) (Registrar's signature)

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 _____

23. Signature W. F. Fowler (other) _____

Address Mendon, Mo Date signed 7/14/43

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

8-6-43

MAY 27 1946

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.....

Licensed Embalmer No. 3970

P. O. Address Mendon 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.