

FILED DEC 17 1943

Registration District No. 363

Primary Registration District No. 6236

Registrar's No. 21

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

1. PLACE OF DEATH: Warren
 (a) County Warren
 (b) City or town Rural (Charette) *Warren*
 (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 _____)

2. USUAL RESIDENCE OF DECEASED: 109
 (a) State Mo. (b) County Warren
 (c) City or town Marthasville (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 Albert F. Johannaber

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

4. Sex male 5. Color or face white 6. (a) Single, widowed, married, divorced married

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

7. Birth date of deceased Jan. 25, 1891
 (Month) (Day) (Year)

8. AGE:-	Years	Months	Days	If less than one day
	52	10	2	hr. min.

9. Birthplace Truxton Mo. 0
 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER {
 12. Name Fred Johannaber
 13. Birthplace near Marthasville, Mo. 0
 (City, town, or county) (State or foreign country)
 14. Maiden name Carrie Thee
 15. Birthplace near Hopewell, Mo. 0
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Julia Johannaber
 (b) Address Marthasville, Mo. R.F.D.

17. (a) Burial (b) Date thereof 12-2-43
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marthasville, Mo.

18. (a) Signature of funeral director J. W. Nieburg & Co.
 (b) Address Warrenton, Mo.

19. (a) Nov. 29, 1943 (b) Ethel Rehr
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 27
 year 1943 hour about 9 minute a.m.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Hanging

Due to By strangulation caused by hanging at his own will.

Due to (Verdict of Coroner jury)

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

Major findings: Of operations 1640
 Of autopsy _____

Duration
 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) Suicide

(b) Date of occurrence November 27 - 1943

(c) Where did injury occur? Warren Mo.

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
 In farm at his home -
 While at work? no (Specify type of place) (e) Means of injury Strangulation

23. Signature Mrs. F. H. Knapp 3 coroner.
 (M.D. or other)

Address Warrenton Mo. Date signed Nov. 29 1943.

APR 24 1944

MAY 31 1944

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, ~~only~~.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

John J. Meburg

Licensed Embalmer No..... *3897*

P. O. Address..... *Warrenton, 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.