

FILED MAY 17 1944

State File No.

Registration District No.

Primary Registration District No. 5430

Registrar's No.

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town Morellton Mo Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Central Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 30 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin
(c) City or town Morellton Rural
(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: 0

3. (a) PRINT FULL NAME

Gustave Machan

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 Married
6. (b) Name of husband or wife Louise Machan 6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased: Feb 3 1871
(Month) (Day) (Year)

8. AGE: Years 73 Months 2 Days 7 If less than one day hr. min

9. Birthplace Germany
(City, town, or county) (State or foreign country)

10. Usual occupation taylor (retired)

11. Industry or business

MOTHER FATHER { 12. Name Anthony Machan
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Louise Huyer
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Louise Machan

(b) Address Morellton Mo

17. (a) burial (b) Date thereof: 4-12-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Morellton Cemetery

18. (a) Signature of funeral director James Lenox

(b) Address St. Clair Mo

19. (a) 4/11/1944 (b) P. J. King
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 9th
year 1944 hour 8 minute 2 AM

21. I hereby certify that I attended the deceased from 3-15-44 to 4-4-44
that I last saw him alive on 4-4-44 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Thrombosis

Due to hypertension

Due to 4th rib fracture

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations: 12/f
Of autopsy

Duration

2 1/2

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) (c) Means of injury

23. Signature W. D. ... (M. D. or other)
Address St. Clair Mo Date signed 4-10-44

RECEIVED

District Health Officer No. 9,

District File Number

Date Filed 5-15-44

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

Joe L. Sheber

Licensed Embalmer No. 3008

P. O. Address

Pacific Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.