

FILED NOV 28 1944 56
Registration District No. 56

Primary Registration District No. 2001

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

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
714 Byers Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 69 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49
(c) City or town Joplin 2
(If outside city or town limits, write "RURAL") 5
(d) Street No. 714 Byers Avenue
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME George Adam Wachter

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 Estella Wachter 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 19, 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 4 13 hr. _____ min.

9. Birthplace Huston county | Minnesota
(City, town, or county) (State or foreign country)

10. Usual occupation owner tent and awning co.

11. Industry or business _____

MOTHER FATHER { 12. Name George P. Wachter
13. Birthplace France 5
(City, town, or county) (State or foreign country)
14. Maiden name Martha Collins
15. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Estella Wachter
(b) Address 714 Byers Avenue, Joplin, Mo.

17. (a) burial (b) Date thereof 11/3/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ozark Memorial Park

18. (a) Signature of funeral director PARKER-HUNSAKER

(b) Address 1502 Joplin, Joplin, Missouri

19. (a) 11-3-44 (b) Gertrude Schubert
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 1
year 1944 hour 5 minute A M.

21. I hereby certify that I attended the deceased from April 9 1944 to Nov 1 1944
that I last saw him alive on Oct 30 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis 1 yr
Due to Diabetes Mellitus 3 yrs.
Due to _____

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

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following: no

(c) 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) _____
Means of injury _____

23. Signature [Signature] (M. D. or other) _____

Address Joplin Mo Date signed 11/2/44

PHYSICIAN

Underline the cause to which death should be charged statistically.

1004

44-11-9a8

APR 17 1945

JAN 10 1945

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.