

FILED SEP 11 1945

Registration District No. 23711

Primary Registration District No. 5881

Registrar's No. _____

76
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County OSAGE

(b) City or town OSAGE (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Jefferson Jurg (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

In this community 60 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Osage

(c) City or town Belle Mo R.F.D. (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 Edwin C. Picker

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 Widowed

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

7. Birth date of deceased Sept 30 1863
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>81</u>	<u>10</u>	<u>24</u>	hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER 12. Name Adolph Picker

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

14. Maiden name Eliza Mantle

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

16. (a) Informant Mrs Lee Tynes

(b) Address Belle Mo. R.D.

17. (a) Burial (b) Date thereof 8-27-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Summerfield Mo.

18. (a) Signature of funeral director Clayde Morton

(b) Address Paris Mo.

19. (a) 91545 (b) radmunt
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 24
year 1945 hour 9 minute 45 M.

21. I hereby certify that I attended the deceased from 8-2 1945 to 8-25 1945
that I last saw him alive on 8-23 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration 2 yrs

Due to _____

Due to _____

Other conditions Advanced Arteriosclerosis 2 yrs
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations _____
Of autopsy _____

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) (e) Means of injury _____

23. Signature Paul A. Bruner (M. D. or other) MD
Address Paris, Mo. Date signed 8-25-45

1286

RECEIVED

District Health Officer No. 9,

District File Number 38420

Date Filed 9-8-45

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 Victor Buescher

Licensed Embalmer No. 3701

P. O. Address Jefferson City 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.