

FILED JAN 20 5 1946

Registration District No.

Primary Registration District No. 3018

State File No.

Registrar's No. 65

1. PLACE OF DEATH:

(a) County Dent

(b) City or town In Car between Salem and Rolla
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 17 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dent 33

(c) City or town Salem /
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) 0

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Fred William Victor

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 22
year 1945 hour _____ minute 4 P.M.

4. Sex M 0 5. Color or race W

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

6. (b) Name of husband or wife Panzy Victor 6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased: June 1908
(Month) (Day) (Year)

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

8. AGE: Years Months Days If less than one day

37 5 13 _____ hr. _____ min.

Immediate cause of death Sun's hot wound

Due to _____

Due to _____

9. Birthplace Ava Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Furnace Business

11. Industry or business _____

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

Major findings: Of operations 160

Of autopsy _____

MOTHER FATHER

12. Name Charles A. Victor

13. Birthplace Minn. 1
(City, town, or county) (State or foreign country)

14. Maiden name Julia Thomas

15. Birthplace Douglas County Mo. 0
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Panzy Victor

(b) Address Salem, Missouri

17. (a) Burial (b) Date thereof Nov. 25, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Homicide

(b) Date of occurrence 11-22-45

(c) Where did injury occur? Salem, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public street

(c) Place: burial or cremation Ava Missouri

18. (a) Signature of funeral director Hobson & Grantham

(b) Address Salem

19. (a) 11-24-45 (b) M. M. Earl, M.D.
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury gunshot

23. Signature Martin M. Earl M.D. (M.D. or other) M.D.
Address Salem Mo. Date signed 11-24-45

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

RECEIVED

District Health Officer No 5, 1946

District File Number 1345-450

Date Filed 13 - 29 - 46

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

Mary M Smith

Licensed Embalmer No.

4394

P. O. Address

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.

Registration District No. 200 Primary Registration District No. 3018

1. PLACE OF DEATH:

(a) County Olent
(b) (City or town) Spring Creek Twp
(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 _____
years, months or days)

3. (a) PRINT FULL NAME Fred William Victor

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M

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

7. Birth date of deceased June 9, 1902
(Month) (Day) (Year)

8. AGE: Years 37 Months 3 Days _____ If less than one day _____ hr. _____ min.

9. Birthplace _____ (City, town, or county) (State or foreign country) no

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (Burial, cremation, or removal) (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

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

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ Day _____
year _____ hour _____ minute _____ 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 _____

Due to _____

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:

(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 _____ (M. D. or other)

Address _____ Date signed _____

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

SUPPLEMENTARY

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

41073