

FILED JAN 5 1946

Registration District No. 353

Primary Registration District No. 6195

Registrar's No. 23

1. PLACE OF DEATH:

(a) County Texas
(b) City or town Rural Boone 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)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Texas 107
(c) City or town Rural Boone twp
(If outside city or town limits, write "RURAL")
(d) Street No. 12th St (If rural, give location)
(e) Citizen of foreign country? ✓ (Yes or No)
If yes, name country: ✓

3. (a) PRINT FULL NAME

Louis Ege
3. (b) If veteran, ✓ name war: ✓ 3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day about 27th
year 1945 hour unknown M ✓
21. I hereby certify that I attended the deceased from found dead
....., 19....., to....., 19.....;

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

6. (b) Name of husband or wife: ✓ 6. (c) Age of husband or wife if alive 1877 years

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

8. AGE: Years 68 Months ✓ Days ✓ If less than one day hr. min.

9. Birthplace: Bloomington Ill (City, town, or county) (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business: ✓

12. Name: Peter Ege

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

14. Maiden name: Louise Stimpert

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

16. (a) Informant: Deceased

(b) Address: Mexico MO

17. (a) Removal: Removal (b) Date thereof: 10-31-45 (Month) (Day) (Year)

(c) Place: burial or cremation: Bloomington Ill

18. (a) Signature of funeral director: W. Ferguson

(b) Address: Living MO

19. (a) 11/13/45 (Date received local registrar) (b) Mrs. Elvora Hesse (Registrar's signature)

that I last saw h..... alive on....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death: Drowning accidental

Duration: ✓

Due to: ✓

Due to: ✓

Other conditions: ✓ (Include pregnancy within 3 months of death)

Major findings: ✓ Of operations: ✓ Of autopsy: ✓

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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) Accident

(b) Date of occurrence: 107

(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: P. P. W... (M.D. or D.O.)

Address: St... Date signed: ✓

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

RECEIVED

District Health Officer No 5

District File Number 146-10

Date Filed 1-2-46

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

Eubert E Ferguson

Licensed Embalmer No. 13945

P. O. Address *Leaking M*

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. Indigery

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Texas
(b) City or town Rural
(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 Louis Ege

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 _____

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

7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years 68 Months _____ Days _____ (If less than one day) hr. _____ min.

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

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) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal) (Place: burial or cremation)

18. (a) Signature of funeral director Smith & Ferguson
(b) Address HICKING, MO.
19. (a) _____ (b) ELNORA Hesse
(Date received local registrar) (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 Oct 1945 year _____ hour _____ minute _____ M.

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 day and hour stated above.

Immediate cause of death _____
Duration _____

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) Heart failure and drowned
(b) Date of occurrence Jan 4 - 1946
(c) Where did injury occur? Fishing River Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? On River (Piney)
While at work? Fishing (Specify type of place) (e) Means of injury Drowned

23. Signature J.R. WOMACK (M. D. or other) CORNER
Address HOUSTON, MO Date signed _____

SUPPLEMENTARY

No such records for this certificate

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

2B
45
43880

