

FILED AUG 27 1946

Registration District No. 160

Primary Registration District No. 3030

Registrar's No. 62

1. PLACE OF DEATH:

(a) County JEFFERSON

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 1 MO. WEEK
years, months or days

2. USUAL RESIDENCE OF DECEASED: 50

(a) State MISSOURI (b) County JEFFERSON

(c) City or town FESTUS
(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 _____

3. (a) PRINT FULL NAME WILLIAM F BIESER

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APR day 14
year 1946 hour 11 minute 45 P.M.

21. I hereby certify that I attended the deceased from July 16, 1946 to Aug 14, 1946
that I last saw him alive on Aug 14, 1946
and that death occurred on the date and hour stated above.

4. Sex MALE () 5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife MARY DALLAS

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

7. Birth date of deceased DEC 18 1873
(Month) (Day) (Year)

Immediate cause of death Cancer of the stomach

Duration _____

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>7</u>	<u>28</u>	hr. _____ min. _____

Due to _____

Due to _____

9. Birthplace STE. GENEVIEVE MO
(City, town, or county) (State or foreign country)

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

Major findings: 46. B

10. Usual occupation FARMER

Physician _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

MOTHER FATHER { 12. Name FERDINAND BIESER H

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

14. Maiden name LOUISE ADER

15. Birthplace BUFFALO NEW YORK
(City, town, or county) (State or foreign country)

16. (a) Informant Paul Bieser

(b) Address Center Mo.

17. (a) BURIAL (b) Date thereof 8-17-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation 0-200A - MO

18. (a) Signature of funeral director St. Genevieve Mo.

(b) Address _____

19. (a) Aug 16 1946 (b) Paul Bieser
(Date received local registrar) (Registrar's signature)

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 Bieser (M. D. or other) _____

Address Center Mo. Date signed 8/15/46

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

RECEIVED
District Health Officer No. 9
District File Number 8-46-197
Date Filed 8-24-46

SEP 9 1946

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 W. C. Butler

Licensed Embalmer No. 1985

P. O. Address W. C. Butler

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.