

S. No. 2
M-2-43
5-17-39
I X3567

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

1. PLACE OF DEATH:

(a) County Saline

(b) City or town Ballston Springs
(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) none

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kennett Mo. 3
(If outside city or town limits, write "RURAL")

(d) Street No. 800 E. 11th 8
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 1
If yes, name country: —

3. (a) PRINT FULL NAME BENJAMIN F. MOELLER

3. (b) If veteran, name war none

3. (c) Social Security No. —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 9th
year 1946 hour 2:30 minute — P.M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife — 6. (c) Age of husband or wife if alive 23 years 1883

7. Birth date of deceased: Jan 23 1883
(Month) (Day) (Year)

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

Immediate cause of death Shooting (Suicide) Duration —

8. AGE: Years 63 Months 8 Days 16 If less than one day hr. — min. —

Due to —

Due to —

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

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

Major findings: —

Of operations —

Of autopsy —

10. Usual occupation Gen. Laborer

11. Industry or business —

12. Name Mr. Moeller

13. Birthplace St. Charles Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Ametia Broecker

15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

PHYSICIAN —

Underline the cause to which death should be charged statistically.

16. (a) Informant Geo. F. Moeller

(b) Address Quinn, Lake, Kan

17. (a) Burial (b) Date thereof Sept 12-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Forest Hill, Ballston Mo.

18. (a) Signature of funeral director Church - Archer Co.

(b) Address Liberty Mo

19. (a) Sept 12-1946 (b) Beulah Kitcher
(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) Suicide, Shooting

(b) Date of occurrence Supposed Sept. 6, 1946

(c) Where did injury occur? at Central Bridge
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? no, River, near Randolph, Mo.
(Specify type of place) (e) Means of injury —

While at work? —

23. Signature P. W. Packer (M. D. or other) 3
Address Spencer Springs Mo. Date signed 9-9-46

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RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 9-14-46

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{not} embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Edgar Archer
Licensed Embalmer No. 3311
P. O. Address Liberty, 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.