S. No. 2
M—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 18 1946

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 34335

Registration District No. 273 Primary Registration District No. 3051 Registrar's No. 75

**1. PLACE OF DEATH:**
(a) County Perry
(b) City or town Perryville Mo.
(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 77-8-5
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**
(a) State Missouri (b) County Perry 79
(c) City or town Perryville Mo. /
(If outside city or town limits, write "RURAL")
(d) Street No. /
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mathilda A. Backman
3. (b) If veteran, name war
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Theodore Backman
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Febuary (Month) 6 (Day) 1869 (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 77 | 8 | 5 | hr. min. |

9. Birthplace Perry Co. (City, town, or county) Missouri (State or foreign country)
10. Usual occupation House Wife
11. Industry or business
FATHER
12. Name August Lorenz
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)
MOTHER
14. Maiden name Justine Franke
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)
16. (a) Informant Emmanuel Lorenz
(b) Address Farrar Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-13-1946 (Month) (Day) (Year)
(c) Place: burial or cremation Perryville Mo.
18. (a) Signature of funeral director Young & Sons
(b) Address Perryville Mo
19. (a) Oct 12, 1946 (Date received local registrar) (b) Jos J Zoellner (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month October day 11
year 1946 hour 8 minute 45 P.M.
21. I hereby certify that I attended the deceased from 20 August 2, 1946, to 11 Oct, 1946;
that I last saw h. E. R. alive on 11 October 1946;
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death APOPLEXY, CEREBRAL | 9 hours |
| Due to HYPERTENSION | 8 YEARS |
| Due to ARTERIOSCLEROSIS | 8 YEARS |
| Other conditions ARTHRITIS, DEGENERATIVE (Include pregnancy within 3 months of death) | 10 YEARS |

Major findings:
Of operations —
Of autopsy —

83A

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)
(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?
(Specify type of place)
While at work? (e) Means of injury 0
23. Signature L W Fell (M. D. or other) MD
Address Perryville Mo Date signed 12 Oct 1946

25N

(Licensed Embalmer's Statement on Reverse Side)

**RECEIVED**

District Health Officer No. 4

District File Number 1046-2767

Date Filed 10-17-46

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**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 Edward Young

Licensed Embalmer No. 2138

P. O. Address Perryville 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.**