

Registration District No. 311

Primary Registration District No. 4432

Registrar's No. 10

1. PLACE OF DEATH:

(a) County St. Clair

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

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

(d) Length of stay: In hospital or institution 2 da (Specify whether)

In this community 28 yr
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County St. Clair

(c) City or town APPLETON CITY MO
(If outside city or town limits, write "RURAL")

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

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

3. (a) PRINT FULL NAME William Liebig

(b) If veteran, name war no

(c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3
year 1947 hour 11 minute 45 AM

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

(b) Name of husband or wife (c) Age of husband or wife if alive 18 years (Day) (Year)

7. Birth date of deceased Sept 18 1885
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 1 1947 to March 3 1947
that I last saw him alive on March 3 1947
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
61 5 15 hr. min.

Immediate cause of death Gun shot wound of head

Due to

Due to

9. Birthplace Madison Township, Ill
(City, town, or county) (State or foreign country)

10. Usual occupation FARM LABOR

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations cut

Of autopsy 1 in

11. Industry or business

12. Name Jacob Liebig

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

14. Maiden name Amelia Henke

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

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

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

(b) Date of occurrence March 1 1947

(c) Where did injury occur? Appleton City St. Clair MO
(City or town) (County) (State)

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

16. (a) Informant W. M. G. G. G.

(b) Address Wardon Ill.

17. (a) BURIAL (b) Date thereof Mar 6-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation APPLETON CITY MO

While at work? No (Specify type of place) (e) Means of injury 22 cal rifle

23. Signature W. C. G. G. (M. D. or other) MD
Address Appleton City MO Date signed Mar 4 1947

18. (a) Signature of funeral director Oscar Eckhart

(b) Address Appleton City MO

19. (a) Mar 6 1947 (b) Mike Oles Abrey
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

285

RECEIVED
District Health Officer No. 7,
District File Number 9-47-227
Date Filed 28-10-47

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... *Oscar Eckhoff*
Licensed Embalmer No. *3942*
P. O. Address *Appleton City, Wis.*

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.