

V. S. No. 2
100M-5-43
Rev. 5-17-39
I X36671

FILED MAY 2 1947

State File No. _____

Registration District No. 375

Primary Registration District No. 4459

Registrar's No. _____

1. PLACE OF DEATH:

(a) County St. Clair

(b) City or town Osceola
(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 16 years (Specify whether years, months or days)

In this community 16 years

3. (a) PRINT FULL NAME Jacob A. Luchsinger

3. (b) If veteran, No name war

3. (c) Social Security No. no

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Effie Bogart

6. (c) Age of husband or wife if alive 2 years

7. Birth date of deceased February 12 1872
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<u>75</u>		<u>1</u>	<u>25</u>	hr. min.

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

10. Usual occupation public business

11. Industry or business _____

12. Name Adam Luchsinger

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. J.A. Luchsinger

(b) Address Osceola Missouri

17. (a) Burial (b) Date thereof 4-11-47
(Burial, cremation, or removal) (City or town) (Day) (Year)

(c) Place: burial or cremation Appleton City

18. (a) Signature of funeral director F.B. Goodrich

(b) Address Osceola Missouri

19. (a) 4-24-47 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 93

(c) City or town Appleton City
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7
year 1947 hour 6 minute A M.

21. I hereby certify that I attended the deceased from 3-23, 1947, to 4-7, 1947;
that I last saw him alive on 4-6, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Decomposition Duration 2 wks.

Due to chronic myocarditis 6 mos.

Due to _____

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

Major findings:
Of operations 938

Of autopsy _____

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature T.H. Douglas, Jr. (M. D. or other) M.D.

Address Osceola, Mo. Date signed 4/7/47

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

13
2
0

RECEIVED
District Health Officer No. 7,
District File Number 4-47-526
Date Filed 5-1-47

DEC 7 1951

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 J. B. Guadalupe

.. Licensed Embalmer No. 3038

P. O. Address Osceola 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.