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 Rev. 5-17-39
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DEPARTMENT OF HEALTH
 BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED SEP 16 1947

Registration District No. 157

Primary Registration District No. 4218

Registrar's No. 191

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

1. PLACE OF DEATH:
 (a) County Henry
 (b) City or town Windsor
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Community Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 7 days
(Specify whether years, months or days)
 In this community 26 years

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Henry
 (c) City or town Windsor
(If outside city or town limits, write "RURAL")
 (d) Street No. 208 N. Franklin
(If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Benjamin Franklin Jach
 3. (b) If veteran, name war: None
 3. (c) Social Security No. None

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Mrs. Maggie Nave Jach
 6. (c) Age of husband or wife if alive deceased years
 7. Birth date of deceased March 7 1863
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>84</u>	<u>5</u>	<u>28</u>	hr. _____ min.

9. Birthplace Benton County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farming, retired

11. Industry or business _____

MOTHER FATHER
 12. Name Paul Jach
 13. Birthplace Unknown Poland
(City, town, or county) (State or foreign country)
 14. Maiden name Anna Sneuk
 15. Birthplace Unknown Poland
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Roy Law
 (b) Address Windsor, Missouri

17. (a) Burial (b) Date thereof 9-7-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Windsor, Missouri

18. (a) Signature of funeral director Huston Jurnel
 (b) Address Windsor, Missouri

19. (a) 9-9-47 (b) R. R. Kennedy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September 5
 year 1947 hour 6 minute 45 p. m.

21. I hereby certify that I attended the deceased from Aug 25
2/19/47, 19... to Sept 5, 19...
 that I last saw him alive on Sept 5, 19...
 and that death occurred on the date and hour stated above.

Immediate cause of death _____

Paralysis Agitans

Due to _____
 Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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 Amundell (M. D. or other) M.D.
 Address Windsor, Mo Date signed 9/6/47

Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

RECEIVED
District Health Officer No. 7,
8-47-1947
Date filed 9-15-47

OCT 15 1947

SEP 30 1947

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.....

William M. Turner....., Registered Apprentice No. 470
working under my personal supervision.

Signed E. M. Hurton.....
Licensed Embalmer No. 3391

P. O. Address Windsor 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.