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8-43
5-17-39

FILED NOV 4 1947

Registration District No. 116

Primary Registration District No. 3020

Registrar's No. 133

1. PLACE OF DEATH:

(a) County Franklin

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

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

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

In this community life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Franklin

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

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

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 17th
year 1947 hour 3 minute 45 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h. _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Due to Fractured skull and Fractured ribs on left side.

Due to to team running away with Hay Rack.

Due to _____

Duration

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

Major findings:
Of operations _____

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) Accident 36

(b) Date of occurrence 10/17/1947

(c) Where did injury occur? New Haven Franklin Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
On Farm of Aloys Kopman
(Specify type of place) (e) Means of injury accident.

23. Signature E. F. Ottmann (M.D. or other) Coroner 3

Address Union Mo Date signed 10/17/47

3. (a) PRINT FULL NAME Henry Finkle

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct 19 1874
(Month) (Day) (Year)

8. AGE: Years 69 Months 11 Days 28
If less than one day 1 hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name John Finkle 4

13. Birthplace Caraway 4
(City, town, or county) (State or foreign country)

14. Maiden name _____ 9

15. Birthplace _____ 9
(City, town, or county) (State or foreign country)

16. (a) Informant Henry Finkle

(b) Address Washington

17. (a) Burial (b) Date thereof 10-20-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Charles Cemetery

18. (a) Signature of funeral director Shelving & Musack

(b) Address Union Mo

19. (a) 10-19-47 (b) _____
(Date received local registrar) (Registrar's signature)

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

6
6
2

Date Filled 11-2-47

District File Number

District Health Officer No. 9,

RECEIVED

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 M. Muschany # 2461
O. Shilking # 3759

Licensed Embalmer No.

P. O. Address.....

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.