S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 19 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37487

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 249

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

1. PLACE OF DEATH:
(a) County Cole
(b) City or town Jefferson City Mo (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Mary's Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 0 (Specify whether years, months or days)
In this community few minutes

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Osage 76
(c) City or town Bonnots Mill 0 (If outside city or town limits, write "RURAL") 0
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Gustav Rudolph Backes
3. (b) If veteran, name war ---
3. (c) Social Security No. 722-07-2904
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs Bertha Orscheln Backes
6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased June (Month) - 22 (Day) - 1896 (Year)

8. AGE: Years 51 Months 4 Days 18 If less than one day hr. min.

9. Birthplace Loose Creek (City, town, or county) Mo 0 (State or foreign country)
10. Usual occupation Railroad
11. Industry or business
FATHER
12. Name John Backes
13. Birthplace Loose Creek (City, town, or county) Mo 0 (State or foreign country)
MOTHER
14. Maiden name Anna Marie Rustemeyer
15. Birthplace Germany (City, town, or county) 4 (State or foreign country)
16. (a) Informant Aloysuis Backes
(b) Address Pacific
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-13-47 (Month) (Day) (Year)
(c) Place: burial or cremation Loose Creek Mo
18. (a) Signature of funeral director Clyde Morton
(b) Address Linn Mo
19. (a) 11-12-47 (Date received local registrar) (b) R. P. Darris MD NR (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 10 year 1947 hour 12 minute 20 P.M.

21. I hereby certify that I attended the deceased from Dead when viewed 19 ; that I last saw h alive on 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Internal Hemorrhage

Due to Ruptured Aneurysm Rt Common Iliac

Due to Arteriosclerosis Non Syphilitic

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 0/6

Of autopsy Hemorrhage from rupture of Aneurysm Rt Common Iliac

Duration: Inst. a few minutes

PHYSICIAN — Underline the cause of 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 3

23. Signature J. G. Leslie (Coroner) (M. D. or other)
Address Jefferson City Mo Date signed 11-12-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number NOV 18 1947
Date Filed

OCT 21 1948

MAY 7 1948

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 Vernon M. Morton

Licensed Embalmer No. K125

P. O. Address [illegible]

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.