

S. No. 2
-12-45
5-17-39
X47070

State File No. _____

FILED JAN 28 1948
Registration District No. 116

Primary Registration District No. 3020

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Franklin

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

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

(d) Length of stay: In hospital or institution 1 day
In this community 6 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin

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

(d) Street No. 15th E. Fourth St.
(If rural, give location)

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

3. (a) PRINT FULL NAME CURTIS Datwieler

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 17
year 1948 hour 120 minute 05 P. M.

21. I hereby certify that I attended the deceased from Jan 16, 1948, to Jan 17, 1948
that I last saw him alive on Jan 17, 1948
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Margaret E. Datwieler

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased March 13 1880
(Month) (Day) (Year)

Immediate cause of death Arteriosclerosis Duration _____

Due to _____

Due to _____

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

8. AGE: Years Months Days If less than one day

67 10 4 hr. min.

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

10. Usual occupation Retired

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown 9

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

{ 14. Maiden name Unknown 9

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

16. (a) Informant Mrs. Margaret E. Datwieler

(b) Address Washington, Mo.

17. (a) Burial (b) Date the body was disposed of Jan 19 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington, Mo.

18. (a) Signature of funeral director W. H. Biering & Co., Inc., Inc.

(b) Address Washington, Mo.

19. (a) 1/19/48 (b) _____
(Date received local registrar) (Registrar's signature)

Major findings: Of operations _____

Of autopsy 014A

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 [Signature] (M. D. or other) _____

Address Washington, Mo. Date signed 1/19/48

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

36
6
2

RECEIVED
DISTRICT HEALTH OFFICER NO. 9,
District File Number 1127/48
Date Filed _____

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 _____

Jerome F. Swoboda, Registered Apprentice No. 441
working under my personal supervision.

Signed A. J. [Signature]
Licensed Embalmer No. 2387
P. O. Address Washington, 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.