S. No. 2
I—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 14 1948

Registration District No. .....

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3020

State File No. 719
Registrar's No. 5

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: 414 Elm St. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: None. (Specify whether
In this community: 62 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Franklin 36
(c) City or town: Washington 1
(If outside city or town limits, write "RURAL")
(d) Street No.: 414 Elm St. 2
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country: x

3. (a) PRINT FULL NAME: Edmund Henry Maschmann.
3. (b) If veteran, name war: ✓
3. (c) Social Security No. 494-03-8447

4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single.
6. (b) Name of husband or wife: x
6. (c) Age of husband or wife if alive: x years
7. Birth date of deceased: June (Month) 26th. (Day) 1885. (Year)

8. AGE: Years 62 | Months 6 | Days 5 | If less than one day ..... hr. ..... min.

9. Birthplace: Washington. (City, town, or county) Missouri. (State or foreign country)
10. Usual occupation: Contractor.
11. Industry or business: x
12. Name (Father): Edward H. Maschmann.
13. Birthplace (Father): Washington, (City, town, or county) Missouri. (State or foreign country)
14. Maiden name (Mother): Emma Stumpe.
15. Birthplace (Mother): Washington, (City, town, or county) Missouri. (State or foreign country)
16. (a) Informant: Mrs. Arno Kattelmann
(b) Address: Washington, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan. 4, 1948. (Month) (Day) (Year)
(c) Place: burial or cremation: Washington, Mo.
18. (a) Signature of funeral director: Nielburg & Vitt, Inc.
(b) Address: Washington, Mo.
19. (a) JAN 3 1948 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: January day: 1st. year: 1948 hour: 9 minute: 30 A.M.
21. I hereby certify that I attended the deceased from December 13th, 1947, to January 1st 1948; that I last saw him alive on January 1st, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: acute myocardial failure	2 days
Due to: Lobar pneumonia	10 days
Due to: Pyelitis	10 days
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 11
Of autopsy: 10

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: 2

23. Signature: O. Fenner (M. D. or other) D.O.
Address: Washington Mo. Date signed: 1/2/48
Dr. Fenner

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

RECEIVED
District Health Officer No. 9,
District File Number 1-13-48
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. Svoboda, Registered Apprentice No. 441, working under my personal supervision.

Signed Lester H. Witt

Licensed Embalmer No. 3254

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.