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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED MAR 11 1948
Registration District No. 22

UNITED STATES DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

3925

State File No.

Primary Registration District No. 5112

Registrar's No. 15

1. PLACE OF DEATH:
(a) County Ballinger
(b) City or town Rural Loranle
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 64 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME ELIZABETH FORMWAY
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F. / 5. Color or race W
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb. 8 1970
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 0 21 hr. min.

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

10. Usual occupation Wurf

11. Industry or business _____

MOTHER FATHER

12. Name RUDOLPH HUNZIKER
13. Birthplace SWITZERLAND
(City, town, or county) (State or foreign country)
14. Maiden name MARYANN KREBS
15. Birthplace SWITZERLAND
(City, town, or county) (State or foreign country)

16. (a) Informant C.H. HUNZIKER
(b) Address MARBLE Hill, Mo.

17. (a) BURIAL (b) Date thereof MAR 8 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation EBENEZER CEM

18. (a) Signature of funeral director BATER FUNERAL HOME
(b) Address LUTEVILLE, MO.

19. (a) 7-6-48 (b) William Sauer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Ballinger
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Red Marble Hill
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 1st
year 1948 hour 1:00 minute 15A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion
Due to Rheumatic heart disease
Due to _____
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) _____
(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)
(c) Means of injury _____

23. Signature John J. Wiggins (M.D.)
Address South Marble Hill Date signed 3/6/48

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

RECEIVED

Health Officer No. 4
File Number 348-3
Date Filed 3-10-4

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 J. E. Graham

Licensed Embalmer No. 4010

P. O. Address. Lutesville, 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.