

FILED MAR 27 1948

Registration District No. 164 Primary Registration District No. 3032 Registrar's No. 27

1. PLACE OF DEATH:
(a) County Johnson
(b) City or town Warrensburg
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Warrensburg Clinic
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 da
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lafayette
(c) City or town Concordia
(If outside city or town limits, write "RURAL")
(d) Street No. Rural 1/2 mile north
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country.....

3. (a) PRINT Edward A Fuchs
FULL NAME

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 11
year 1948 hour 10 minute am M.

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

21. I hereby certify that I attended the deceased from 3-1-48
19... to 3-11-48 19...
that I last saw him alive on 3-11-48 19...
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race Wht.
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive... years

Immediate cause of death...
Chr. Myocarditis

7. Birth date of deceased April 4th 1883
(Month) (Day) (Year)

Due to.....
Due to.....

8. AGE: Years Months Days If less than one day
64 11 7 hr. min.

Other conditions (include pregnancy within 3 months of death)

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

Major findings:
Of operations.....
Of autopsy.....
PHYSICIAN
Underline the cause to which death should be charged statistically.

10. Usual occupation Retired Farmer

11. Industry or business.....
12. Name Christain Fuchs
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Johanne Houschild
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Edward A. Fuchs
(b) Address Concordia Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 13
(Month) (Day) (Year)
(c) Place: burial or cremation Concordia Mo.

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.....
Signature R. F. McKeown (M. D. or other).....
Address Warrensburg Mo. Date signed 3-14-48

18. (a) Signature of funeral director Franking Strait
(b) Address Concordia Mo.
19. (a) Mar. 15, 1948 (Date received local registrar) (b) Savannah (Registrar's signature)

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

1
2
2

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 *E. J. Feeney - G. B. O'Connell*
2959 Licensed Embalmer No.....
1511

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.