FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 18 1948

Registration District No. 274

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5935

Beckmeyer
State File No. 27264

Registrar's No. 245

1. PLACE OF DEATH:
(a) County: Pettis
(b) City or town: Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: N. Osage St. Road
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: (Specify whether
In this community: 60 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Pettis 80
(c) City or town: Sedalia 0
(If outside city or town limits, write "RURAL") 0
(d) Street No.: N. Osage St. Road 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: FRANK XAVIER OFFENBURGER

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: M 0

5. Color or race: W

6. (a) Single, widowed, married, divorced: Widower

6. (b) Name of husband or wife:

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

7. Birth date of deceased: November (Month) 28, (Day) 1859 (Year)

8. AGE: Years	Months	Days	If less than one day
88	8	14	hr. min.

9. Birthplace: Frieburg (City, town, or county) Germany (State or foreign country) 4

10. Usual occupation: Farmer

11. Industry or business:

FATHER
12. Name: Unknown 9
13. Birthplace: Unknown (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name: Unknown 9
15. Birthplace: Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant: Joe Offenburger
(b) Address: Sedalia, Mo. R.F.D. #4

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8-13-1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Calvary Cemetery

18. (a) Signature of funeral director: O. W. Hebart
(b) Address: Sedalia, Mo.

19. (a) 8-13-48 (Date received local registrar) (b) Betty Yeager (Registrar's signature) Deputy

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 12th
year 1948 hour 4 minute 45 A.M.

21. I hereby certify that I attended the deceased from 1948 to Aug 12 1948
that I last saw him alive on Aug 1 1948
and that death occurred on the date and hour stated above.

Duration

Immediate cause of death: Cl Myocarditis
Due to: Arteriosclerosis
Due to:
Other conditions: Senility
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

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:

23. Signature: [illegible] (M. D. or other)
Address: Sedalia Mo. Date signed 8/13/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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RECEIVED
District Health Officer No. 6
District File Number
Date Filed 8-17-48

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 John A. Cantlon

Licensed Embalmer No. 4387

P. O. Address Sedalia, 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.