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

FILED NOV 29 1948

State File No. _____

Registration District No. 42

Primary Registration District No. 51260

Registrar's No. 1248

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution:
R. R. #1 Faucett, Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Not (Specify whether
In this community 4 years. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

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

(d) Street No. R. R. #1 Faucett, Mo.
(If rural, give location)

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

3. (a) PRINT FULL NAME Dominick Meinrad Schoenbaechler

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Mamme Schoenbaechler

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

7. Birth date of deceased June 12 1868
(Month) (Day) (Year)

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

<u>80</u>	<u>5</u>	<u>5</u>	hr. min.
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9. Birthplace Unknown Switzerland
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business _____

MOTHER FATHER

12. Name Dominick M. Schoenbaechler

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

14. Maiden name Katherine Bisig

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

16. (a) Informant John Kalin

(b) Address R. R. #1 Faucett, Mo.

17. (a) Burial (b) Date thereof Nov. 20, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Walter Meierhoffer

(b) Address 1946 Colhoun St., St. Joseph, Mo.

19. (a) 11-23-48 (b) E. E. Jenkins
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 17th
year 1948 hour 8 minute 50 P. M.

21. I hereby certify that I attended the deceased from October 21, 1946, to Nov. 17, 1948; that I last saw him alive on Nov 17, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death chronic myocardial insufficiency Duration unknown

Due to arteriosclerosis general

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) _____
(e) Means of injury _____

23. Signature Gustav A. Han (M. D. number) MD
Address Kirkpatrick Beach, Springfield, Mo. Date signed 11/19/48

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, ~~only~~.....

..... Registered Apprentice No.

working under my personal supervision.

Signed.....

Raymond H. Marsh

Licensed Embalmer No. 4413 Missouri

P. O. Address St. Joseph, 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.