

Registration District No. **925**

Primary Registration District No. **6093**

Registrar's No. **40**

1. PLACE OF DEATH:

(a) County **Schuyler**
(b) City or town **Rural Fabina Twp.**
(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 **Most of his life** years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Schuyler**
(c) City or town **Rural (Fabina Twp.)**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Henry Frederick Elschlager**

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

4. Sex **MO** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **W**

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

7. Birth date of deceased **July 11 1865**
(Month) (Day) (Year)

8. AGE: Years **83** Months **3** Days **29** If less than one day _____ hr. _____ min.

9. Birthplace **Brown Co. Ohio**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Farmer**

11. Industry or business _____

12. Name **Mathias Elschlager**

13. Birthplace **Germany**
(City, town, or county) (State or foreign country)

14. Maiden name **Mariah Henise**

15. Birthplace **Ohio**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Herbert Beeler**

(b) Address **Lanning Mo**

17. (a) **Burial** (b) Date thereof **11-12-1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Camp Ground**

18. (a) Signature of funeral director **Loyd Moore**

(b) Address **Don't know**

19. (a) **Nov 15/48** (b) **Mrs. L. J. Drake**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **10th**
year **1948** hour **12:30** minute _____ P. M.

21. I hereby certify that I attended the deceased from **Sept. 1946** to **Nov 10 1948**
that I last saw him alive on **Nov 10 1948**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Occlusion**

Due to **Arterio-sclerosis**

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations **g46**
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 **R. E. Vaughn** (M. D. or other) **D.O.**
Address **Lancaster, Mo** Date signed **11-10-48**

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 11-48-1995

Date Filed NOV 22 1948

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 me
....., Registered Apprentice No. ~~3157~~
working under my personal supervision.

Signed Lloyd Moore

Licensed Embalmer No. 3157

P. O. Address Douglas Ma

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.