

No. 21
8-43
17-39
X37823

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

FILED DEC 16 1948

Registration District No. 118

Primary Registration District No. 5439

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

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

3. (a) PRINT FULL NAME Milford Adolph Moeckli
3. (b) If veteran, name war World War II
3. (c) Social Security No. 497-09-7971

4. Sex Male
5. Color or race white
6. (a) Single, widowed, married, divorced Married
6. (c) Age of husband or wife if alive 27 years
7. Birth date of deceased December 27 1913
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>34</u>	<u>11</u>	<u>4</u>	hr. _____ min. _____

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

10. Usual occupation Shoe Factory Employee

11. Industry or business _____

MOTHER FATHER {
12. Name Adolph Moeckli
13. Birthplace Swiss Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Lula Belle Jarvis
15. Birthplace Chamois Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Esther Moeckli
(b) Address Bland, Mo. Route

17. (a) Burial (b) Date thereof 12-5-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Owensville City Cem.

18. (a) Signature of funeral director Milford H.H. Winter

(b) Address Owensville, Mo.

19. (a) 12/8/48 (b) Sonothy Blackman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 1st
year 1948 hour about minute 10 A. 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:
(2 SHOTGUN-WOUNDS -
(1-HEAD WOUND - 1-CHEST-(LEFT
Side) WOUND) -
CAUSE OF DEATH - PENDING
Due to INVESTIGATION.

Other conditions (Include pregnancy within 5 months of death) _____

Major findings:
Of operations _____
Of autopsy _____

Duration _____
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) UNKNOWN

(b) Date of occurrence 12-1-48

(c) Where did injury occur? 2 mi. SW. of OWENSVILLE, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Liberty Church YARD 5

While at work No (Specify type of place) (e) Means of injury Coronet

23. Signature Megost. Shuman (M.D. or other) _____

Address Berthman Mo Date signed 12-3-48

RECEIVED
District Health Officer No. 9,
District File Number
DEC 14 1948
Date Filed

DEC 21 1948

JAN 4 1949

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, ROY
....., Registered Apprentice No.....
working under my personal supervision.

Signed Milford H. H. Winter
Licensed Embalmer No. 3838

P. O. Address Owensville, 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.

Registration District No. 118 Primary Registration District No. 5439

1. PLACE OF DEATH: Gasconade
(a) County Gasconade
(b) City or town Sumner
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ (Specify whether)
years, months or days

2. USUAL RESIDENCE OF DECEASED:
State _____ (b) County _____
(c) City or town _____ (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 Milford A. Moeckle
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month _____ Day _____
year 1948 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____ 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 _____ Duration _____

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

7. Birth date of deceased Dec 27 (Month) (Day) (Year)
8. AGE: Years 34 Months _____ Days _____ If less than one day _____ hr. _____ min.

This case was taken over by WM C. Wessell, Pops. Atty, of Gasconade County and the State Patrol for investigation. For further information contact the above at Hermann, Mo
Other conditions within 3 months of death _____
(Include pregnancy within 3 months of death)

9. Birthplace _____ (City, town, or county) (State or foreign country) Mo
10. Usual occupation _____

Major findings: Hugo H. Blum PHYSICIAN
Of operations Coroner
Of autopsy 1955
Underline the cause to which death should be charged statistically.

11. Industry or business _____
12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____
(b) Address _____
17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)
(c) Place: burial or cremation _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Nataline Prindling
(b) Date of occurrence Patrol + Wessell honor
(c) Where did injury occur? evidence of murder (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

18. (a) Signature of funeral director _____
(b) Address _____
19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
(c) Means of injury _____
23. Signature Wm H. Wessell (M. D. or other) P.A.
Address Hermann, Mo Date signed 2-4-49

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

SUPPLEMENTARY

S-39804