

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
**FILED MAR 17 1949**  
Registration District No. 256

State File No. **9396**  
Registrar's No. 4388

Primary Registration District No. 4388

**1. PLACE OF DEATH:**  
(a) County Osage  
(b) City or town Chamois, Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(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 all his life years, months or days (Specify whether)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State Missouri (b) County Osage 76  
(c) City or town Chamois, Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location) 0  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3: (a) PRINT FULL NAME Frank Nahler  
3. (b) If veteran, \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_  
name war \_\_\_\_\_

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased March 30 1886  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
62 10 9 14 hr. 0 min.

9. Birthplace Osage County Rural  
(City, town, or county) (State or foreign country)  
10. Usual occupation Farmer

**MOTHER FATHER**  
11. Industry or business \_\_\_\_\_  
12. Name Pete Nahler  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Matilda Metner  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Elizabeth Merten  
(b) Address Chamois, Mo  
17. (a) \_\_\_\_\_ (b) Date thereof 3-11-1949  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Chamois Catholic Cemetery

18. (a) Signature of funeral director Otto T. Stockstien  
(b) Address Chamois, Mo. 246  
19. (a) Feb 11, 1949 (b) Cather Sander  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Feb day 9  
year 1949 hour 2 P.M. minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from Feb. 1949  
\_\_\_\_\_ 19\_\_\_\_ to Feb. 9, 1949, 19\_\_\_\_  
that I last saw him alive on Feb. 8, 1949  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Pulmonary emboli  
Gastrostomy operation  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 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) \_\_\_\_\_  
(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 2  
23. Signature E. E. Giffen D.O. (M, D, or other)  
Address Chamois, Mo Date signed 2/21/49

NOTE - EXAMINE - USE UNFADING BLACK INK - MAKE A PERMANENT RECORD

