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

| | | | | | | | |
|--|-------------------------------|--|--|--|--|--|---|
| BIRTH NO. _____ | | REG. DIST. NO. <u>275</u> | | PRIMARY REG. DIST. NO. <u>3053</u> | | Registrar's No. <u>37</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Phelps</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Gasconade</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rolla</u> | | c. LENGTH OF STAY (in this place) <u>20 days</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural---Roark Twp</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>McFarland Hospital</u> | | | | d. STREET ADDRESS (If rural, give location) <u>Gasconade County Farm</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Ferdinand</u> b. (Middle) _____ c. (Last) <u>Oetterer</u> | | | 4. DATE OF DEATH | | (Month) <u>3</u> (Day) <u>29</u> (Year) <u>1949</u> | | |
| 5. SEX <u>Mael</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u> | 8. DATE OF BIRTH <u>Nov. 5-1875</u> | | 9. AGE (in years last birthday) <u>73</u> | IF UNDER 1 YEAR Days _____ | IF UNDER 24 HRS. Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm Laborer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u> | | 11. BIRTHPLACE (State or foreign country) <u>Hermann, Mo</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>US</u> | |
| 13a. FATHER'S NAME <u>Fritz Oetterer</u> | | 13b. MOTHER'S MAIDEN NAME <u>Minnie Wilbrecht</u> | | 14. NAME OF HUSBAND OR WIFE _____ | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Aug. Eikermann, Rfd Hermann, Mo</u> ADDRESS _____ | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic interstitial nephritis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>none</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Old age 79</u> | | | | INTERVAL BETWEEN ONSET AND DEATH _____ | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ | | 21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____ | | | |
| 21d. TIME OF INJURY (Month) _____ (Day) _____ (Year) _____ (Hour) _____ m. _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? _____ | | | |
| 22. I hereby certify that I attended the deceased from <u>Mar - 9</u> , 1949, to <u>Mar 29</u> , 1949, that I last saw the deceased alive on <u>Mar. 29</u> , 1949, and that death occurred at _____ m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>Arthur McFarland M.D.</u> (Degree or title) | | | | 23b. ADDRESS <u>Rolla Mo</u> | | 23c. DATE SIGNED <u>3-30-49</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>4-2-49</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Rabenau Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Hermann Rfd, Mo</u> | | |
| DATE REC'D BY LOCAL REG. <u>3-30-49</u> | | REGISTRAR'S SIGNATURE <u>Nadine L. Stoll</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Hugost Blumer</u> | | ADDRESS <u>Hermann, Mo</u> | |

RECEIVED

Phelps County Health Officer,

County File Number _____

Date Filed 4/5/49

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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No. _____

Signed August Blumel

Licensed Embalmer No. 3160

P. O. Address Hermann, 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.