

FILED OCT 11 1944
Registration District No. _____

Primary Registration District No. 5019

State File No. _____

Registrar's No. 79

1. PLACE OF DEATH:

(a) County Andrew

(b) City or town Rural Rochester Twp.
(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) 1

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days) 52 years.

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Andrew

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

(d) Street No. 1 1/2 miles No. Helena, Mo.
(If rural, give location)

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

3. (a) PRINT FULL NAME John Albert Trachsel,

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 Married

6. (b) Name of husband or wife Emma M. Trachsel, 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased January 1st, 1861
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 22nd
year 1944 hour 6:00 minute A. M.

21. I hereby certify that I attended the deceased from May 1944 to Sept 21 1944
that I last saw her alive on Sept 21 1944
and that death occurred on the date and hour stated above.

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

83 8 21 hr. 6 min.

Immediate cause of death Carcinoma of oesophagus

Due to _____

Due to _____

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

9. Birthplace Lenk, Canton, Bern, Switzerland
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer,

11. Industry or business Farm,

12. Name Samuel Trachsel,

13. Birthplace Lenk, Canton, Bern, Switzerland,
(City, town, or county) (State or foreign country)

14. Maiden name Madaline Lempen

15. Birthplace Lenk, Canton, Bern, Switzerland
(City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. John A. Trachsel,

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

17. (a) Burial (b) Date thereof 9/24/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Helena, Mo. Cemetery

18. (a) Signature of funeral director Betler & Bowman

(b) Address St. Joseph's Mo

19. (a) 9/24/44 (b) JH Entchman
(Date received local registrar) (Registrar's signature)

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 E. M. Roy (M. D. or other) _____
Address Union St. Mo. Date Apr 23-44

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

200

AUG 28 1947

APR 3 1952

5387

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

Signed: Frank A. Bowman

Licensed Embalmer No. 1710

P. O. Address: St. Joseph M.

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.