

FILED JUL 10 1943

Registration District No. 21

Primary Registration District No. 4331

Registrar's No.

1. PLACE OF DEATH:

(a) County Jamestown
(b) City or town Moniteau
(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..... (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Ernest Kobel

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

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 Sept. 18 1885
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 8 14 hr. min.

9. Birthplace Switzerland Barre 5
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farmer

12. Name Ernest

13. Birthplace Switzerland 5
(City, town, or county) (State or foreign country)

14. Maiden name Kobel

15. Birthplace Switzerland 5
(City, town, or county) (State or foreign country)

16. (a) Informant Hugo Boghardt

(b) Address Jamestown, Mo

17. (a) Burial (b) Date thereof June 4-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moniteau cemetery

18. (a) Signature of funeral director Chas. C. Fulrich

(b) Address Jamestown

19. (a) June 23 (b) Wm. Gentsch
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Moniteau
(c) City or town Jamestown (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No..... (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2
year 1943 hour 5:30 minute P.M.

21. I hereby certify that I attended the deceased from 7/6/43
..... 19..... to 6/2/43..... 19.....
that I last saw him alive on May 30, 1943..... 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy

Due to ****

Due to ****

Other conditions Neg.
(Include pregnancy within 3 months of death)

Major findings: Of operations None.

Of autopsy None.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) None.

(b) Date of occurrence None.

(c) Where did injury occur? None.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? NO. (Specify type of place) (e) Means of injury ****

23. Signature D. B. Reynolds
Address Jamestown Mo. Date signed 6/3/43

Duration 5/24/43
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

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 *M. G. Friedmeyer*.....

Licensed Embalmer No. *2854*.....

P. O. Address *California 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.