

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

32247

Registration District No. 774

Primary Registration District No. 5305

State File No. _____

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Cooper

(b) City or town Rural - Prairie Home, 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 _____
years, months or days

3. (a) PRINT FULL NAME JACOB LACHNER 256

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 married

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 1-28-1885
(Month) (Day) (Year)

8. AGE: Years 54 Months 6 Days 5 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name Geo. Lachner 6

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

14. Maiden name Mary Coeder

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

16. (a) Informant's own signature Mrs Jacob Lachner

(b) Address Prairie Home MO

17. (a) Burial (b) Date thereof 8-5-1934
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Monitguy Co. Mo.

18. (a) Signature of funeral director C. Albert Hornbeck

(b) Address Prairie Home, Mo.

19. (a) Aug 4 - 34 (b) W. K. Muredeth
(Date recorded/local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cooper

(c) City or town Prairie Home
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) If foreign born, how long in U. S. A.? US citizen

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug - day 9 - year 1934 hour 5 minutes 12 M.

21. I hereby certify that I attended the deceased from Jan 10 1934, to Aug 3 1934, and that death occurred on the date and hour stated above.

Immediate cause of death Subarachnoid hemorrhage

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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 W. K. Muredeth (M. D. or other) _____

Address Prairie Home Mo Date signed Aug 11 1934

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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.....

Aug 3 - 1939

....., Registered Apprentice No.....

working under my personal supervision.

Signed *C. Albert Hornbeck*

Licensed Embalmer No. *2714*

P. O. Address *Prairie Home*

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, above space should be left blank.