

No. 300  
10-47  
5-17-39  
I 3905

FILED OCT 26 1948  
Registration District No. 212

Primary Registration District No. 5818

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

1. PLACE OF DEATH:

(a) County Morgan

(b) City or town Rural Moreau Tw'n  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
9 mi. N.E. Versailles  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community Lifetime  
years, months or days

3. (a) PRINT FULL NAME Simeon Aeschbacher

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 5. Color or race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Lydia Aeschbacher

6. (c) Age of husband or wife if alive Dec. 30 1866 years (Month) (Day) (Year)

7. Birth date of deceased Dec. 30 1866

8. AGE: Years 81 Months 9 Days 14 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Retired Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Ulrich Aeschbacher 9

13. Birthplace No Record No Record  
(City, town, or county) (State or foreign country)

14. Maiden name Barbara Lehman

15. Birthplace Wayne Co. Ohio  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Denial Gerber

(b) Address Versailles, Mo.

17. (a) Burial (b) Date thereof Oct. 17-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethel Cemetery

18. (a) Signature of funeral director J. F. G. Smith

(b) Address Versailles, Missouri

19. (a) 10/18/48 (b) J. L. Washburn  
(Date received local registrar) (Registrator's signature) no x

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Morgan 71

(c) City or town Versailles Rural 2  
(If outside city or town limits, write "RURAL")

(d) Street No. 9 Mi. N. E.  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 14  
year 1948 hour 2 minute 40 p. m.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him alive on Oct. 14, 1948,  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac deficiency Duration \_\_\_\_\_

Due to Apoplexy

Due to Senility

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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) (c) Means of injury 0

23. Signature J. F. Potts (M. D. or other) M.D.  
Address Versailles, Mo. Date signed 10-15-48

RECEIVED  
District Health Officer No. 7,  
District File Number 9-48-1231  
Date Filed 10-25-68

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.....

Raymond Foster Registered Apprentice No. 212  
working under my personal supervision.

Signed R. F. Caldwell

Licensed Embalmer No. 1546

P. O. Address Versailles 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.