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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 19 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29276

Registration District No. 323 | Primary Registration District No. 4479 | Registrar's No. 47

1. PLACE OF DEATH:
(a) County Schuyler
(b) City or town Queen City (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 years, months or days)
In this community 66 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Schuyler 98
(c) City or town Queen City (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

3. (a) PRINT FULL NAME CHARLES WILLIAM FIGGE
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 July (Month) 25 (Day) 1880 (Year)
8. AGE: Years 66 Months 0 Days 11 If less than one day ... hr. ... min.
9. Birthplace Near Queen City, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER 12. Name John H. Figge
13. Birthplace Missouri (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Elizabeth Figge
15. Birthplace Missouri (City, town, or county) (State or foreign country)
16. (a) Informant Ennis Barker
(b) Address Queen City, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/8/46 (Month) (Day) (Year)
(c) Place: burial or cremation Germania Cemetery
18. (a) Signature of funeral director Wm N West
(b) Address Queen City, Mo.
19. (a) Aug. 9 - 46 (Date received local registrar) (b) Mrs. Ada Drake (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 6 year 1946 hour not known M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death accidental death	
Due to from drowning	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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) accident
(b) Date of occurrence
(c) Where did injury occur? Queen City (City or town) Schuyler (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature C. H. ... M.D. (M. D. or other)
Address Coroner Schuyler Co. Greentop Mo. Date signed 8-7-46

353 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 8-46-152
Date Filed AUG 14 1946

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 Self

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

working under my personal supervision.

Signed Wm N West

Licensed Embalmer No. 2882

P. O. Address Queenscity Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

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45
43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. Sept

Registration District No. 325 Primary Registration District No. 4479 Registrar's No. 77

1. PLACE OF DEATH:
(a) County Schuyler
(b) City or town Queen City
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Charles W. Figgl
3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive yrs.
7. Birth date of deceased July (Month) 25 (Day) 188[illegible] (Year)
8. AGE: Years 66 Months 0 Days If less than one day hr. min.
9. Birthplace (City, town, or county) Mo (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER 12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug day 6 year 1946 hour minute M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.
Immediate cause of death — Duration
Due to
Due to
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.

3
143
36

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence Aug 6 - 1946
(c) Where did injury occur? Queen City (City or town) Schuyler (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? approximate 1/2 Mile west of Queen City on Road (Specify type of place)
While at work? No (e) Means of injury Drowned in water ditch
23. Signature A. H. Van Asdol D.O. (M.D. or other)
Address Van Asdol Hospital Date signed 9-29-46
Coroner Schuyler County [illegible] Mo

SUPPLEMENTARY

28114

29276