

WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA STATE DEPARTMENT OF HEALTH, IT CERTIFIES THE BELOW TO BE A TRUE COPY OF AN ORIGINAL RECORD ON FILE WITH THE STATE DEPARTMENT OF HEALTH, BUREAU OF VITAL STATISTICS, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS.

ISSUED Jan. 2, 1949
LINCOLN, NEBRASKA

Kreda Harris
DIRECTOR OF VITAL STATISTICS



STATE OF NEBRASKA
DEPARTMENT OF HEALTH
Bureau of Vital Statistics

DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

8493

State File No.

Postal Security No.

1. PLACE OF DEATH:

(a) County Saline

(b) City or town Friend

(c) Name of hospital or institution 211 4th St

(d) Length of stay: In hospital or institution 26 YEARS

In this community (Specify whether yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Nebr (b) County Saline

(c) City or town Friend

(d) Street No. 211 4th St

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

MEDICAL CERTIFICATION

20. Date of death: Month Aug day 9 19 47

hour 5 minute 50 8:50 P.M.

21. I hereby certify that I attended the deceased from Sept 19 19 46 to August 9 19 47

that I last saw him alive on AUGUST 9 19 47

and that death occurred on the date and hour stated above.

Immediate cause of death SYPHILITIC thoracic aortic ANEURYSM

Due to ANEURYSM

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death were 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, or public place? (Specify type of place)

While at work? (a) Location of injury

Signature Paul T. Hoover (M.D. or other)

Address Friend Nebr Date signed 9/9/49

Physician

Underline the cause to which death should be attributed statistically.

I hereby certify I personally examined the body of the deceased and that the information furnished herein is true and correct.

R.S. Bentley's First Addition, Friend, # 152 & 153

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From, chg. & ret. to:
Ach & Ach, Attorneys at Law,
Friend, Nebraska 68359
Fee: \$ 3.25 chg.

STATE OF NEBRASKA } ss
SALINE COUNTY

Entered in numerical index and filed for record, the 8 day of January 19 75 at 9 o'clock A.M. and recorded in Book 40 of Misc. Page 56.

Ray E. Huska
County Clerk