

S. No. 2
A-5-42
5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED APR 21 1945
Registration District No. _____

Primary Registration District No. 3046

Registrar's No. 336

1. PLACE OF DEATH:

(a) County Montgomery
(b) City or town California Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: California Mo. 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 _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis
(c) City or town California, Mo. (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes/No)
If yes, name country _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME FRANK AUGUST WATERSHEID

20. DATE OF DEATH: Month March day 28th
year 1945 hour 12 minute 50 p. M.

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

21. I hereby certify that I attended the deceased from Aug. 12, 1944 to March 27, 1945

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married

that I last saw him alive on March 27th, 1945, and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife Margaret Waterscheid 6. (c) Age of husband or wife if alive 71 years

Immediate cause of death Coronary Thrombosis Duration long

7. Birth date of deceased Oct 16 1870
(Month) (Day) (Year)

8. AGE: Years 74 Months 5 Days 21 If less than one day _____ hr. _____ min.

Due to arteriosclerosis

Due to Diabetes Mellitus

9. Birthplace California Mo. 1
(City, town, or county) (State or foreign country)

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

10. Usual occupation Farmer

Major findings: Of operations 6/1

Of autopsy _____ Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name Paul Kuss 9

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

14. Maiden name Cassidy Baker 5

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

16. (a) Informant Mr. Frank Schmitt

(b) Address California Mo.

(c) Place: burial or cremation Catholic Cem.

18. (a) Signature of funeral director Paul Williams

(b) Address California Mo.

19. (a) 3-29-45 (b) P. G. Rell
(Date received local registrar) (Registrar's Signature)

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 J. P. Burke Jr. (M. D. or other) _____

Address California Mo. Date signed 3/29/45

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

1312

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 4-5-45

MAY 4 1945

NOV 8 1945

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 Hugh L. E. Williams

Licensed Embalmer No. 3537

P. O. Address.....

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.