No. 2
1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38981

Registration District No. FILED DEC 1 2 1947

Primary Registration District No. 5796

Registrar's No. 70

1. PLACE OF DEATH:
(a) County Montcau
(b) City or town rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: S. Miss. S.E. of California Mo. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No
(Specify whether
In this community Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Montcau 68
(c) City or town rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. South east of California 0
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME LENA KATIE OESTERLY
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Geo. Oesterly
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March (Month) 28 (Day) 1873 (Year)

8. AGE: Years 74 | Months 7 | Days 18 | If less than one day hr. min.

9. Birthplace Montcau Co. (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housework
11. Industry or business

FATHER
12. Name August Peter
13. Birthplace Franklin Co. (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Rosa Scheuser
15. Birthplace Cumberland (City, town, or county) S (State or foreign country)

16. (a) Informant Geo. Oesterly
(b) Address California, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-15-1947 (Month) (Day) (Year)
(c) Place: burial or cremation California, Mo.
18. (a) Signature of funeral director A. E. Wilson
(b) Address California Mo.
19. (a) 11-17-47 (Date received local registrar) (b) H. R. Cooper (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 16
year 1947 hour 11:30 minute a.m. M.

21. I hereby certify that I attended the deceased from March 26, 1942 to Nov. 16, 1947
that I last saw her alive on Nov. 16, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	2 hrs.
Due to Arteriosclerosis	5 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature J. C. Pearce (M. D. or other)
Address California, Mo. Date signed 11/17/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 12-9-42

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 A. E. Wilson

Licensed Embalmer No. 2351

P. O. Address California M

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.