N. D. Lowe

REC'D FEB 28 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

4191
Do not use this space.

1. PLACE OF DEATH
(a) County: Vernon — Registration District No.: 876
(b) Township: Lake — Primary Registration District No.: 6164 — Registered No.:
(c) City: — (d) Street No.: Horton, Mo. R.F.D. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred: 64 yrs. 10 mos. 23 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME: HENRY A. OCHS
(a) Residence, No.: Horton, Mo. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 24-1874

7. AGE: Years 64 | Months 10 | Days 23 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.:
9. Industry or business in which work was done, as saw mill, bank, etc.: Farmer
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis County Missouri

FATHER
13. NAME: Andrew Ochs
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): East St. Louis Illinois

MOTHER
15. MAIDEN NAME: Mary Miller
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis County Missouri

17. INFORMANT (ADDRESS): Mrs. G. Ochs, Horton, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Miller Cemetery DATE: Jan 17, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Terry Funeral Home, Nevada, Mo.

20. FILED: Jan 21, 1939 Stella Feiel, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): JAN. 16, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1939, to Jan 16, 1939
I last saw him alive on Jan 15, 1939. Death is said to have occurred on the date stated above, at 1:30 A.m.
The principal cause of death and related causes of importance were as follows:

Myocardial Degeneration with decompensation. — Date of onset: Don't Know.

Other contributory causes of importance: Chronic Nephritis — Date of onset: Don't Know.

Name of operation: none — Date of:
What test confirmed diagnosis? Exam — Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) N. D. Lowe, M. D.
(Address) Nevada, Mo.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No.
District File Number 7-39-
Date Filed 2-7-39

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, Personal

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed Lloyd R. Wrisnet

Licensed Embalmer No. 3857

P. O. Address Nevada, Mo

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

If this body is not embalmed, above space should be left blank.