

JAN 22 1940

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

43911

Do not use this space.

1. PLACE OF DEATH

(a) County Person Registration District No. 428

(b) Township Person Primary Registration District No. 4301 Registered No. 22

(c) City Bucklin (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____

(e) Length of residence in city or town where death occurred 53 yrs. 8 mos. 28 ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Oscar Adolph Kaschmieder

(a) Residence, No. _____ (Usual place of abode, if no street address, write county or city) St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 3, 1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

53 8 20

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as saw mill, bank, etc. Painting

10. Date deceased last worked at this occupation (month and year) Aug 1939

11. Total time (years) spent in this occupation 30 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bucklin Mo

13. NAME Father Paul C. Kaschmieder

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Territory

15. MAIDEN NAME Mother Mary Wesner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Catherine Mo.

17. INFORMANT Mrs J. R. Carriger (ADDRESS) Bucklin Mo

18. BURIAL, CREMATION, OR REMOVAL Meridian Cem. Bucklin DATE Dec 26, 1939

19. FUNERAL DIRECTOR (ADDRESS) Person General Service Bucklin Mo

20. FILED 12-26-39 J. L. Cantwell Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 23, 1939

22. I HEREBY CERTIFY, That I attended deceased from June, 1939, to Dec 23, 1939

I last saw him alive on Dec 10, 1939. Death is said to have occurred on the date stated above, at 10:00 p.m.

The principal cause of death and related causes of importance were as follows:

Chr Pyelitis with cystitis Date of onset June 1939

July 1939

Other contributory causes of importance: Notedly enlarged prostate (7)

Name of operation Sup Cystostomy Date of Sept 1939

What test confirmed diagnosis? Urea 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? _____

If so, specify _____

(Signed) M. L. DeKade M. D.

(Address) Manlius 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.

RECEIVED

District Health Officer No. 11,

District File Number..... 146-1998

Date Filed..... JAN 19 1940

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.....

Licensed Embalmer No. 4037

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, above space should be left blank.