

Registration District No. 305Primary Registration District No. 5422Registrar's No. 381

1. PLACE OF DEATH:

- (a) County GASCONADE
 (b) City or town RURAL CANAAN TOWNSHIP
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
OWENSVILLE ROUTE
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community 83 YRS. 9 Mo. 9 DA.
 years, months or days (Specify whether)

3. (a) PRINT FULL NAME GUSTAVE HOLZSCHUH

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

4. Sex MALE
 5. Color or race WHITE
 6. (a) Single, widowed, married, divorced WIDOWED
 6. (b) Name of husband or wife MINNIE SCHIRMAN
 6. (c) Age of husband or wife if alive DEAD years
 7. Birth date of deceased MAR 25 1856
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
83 9 9 hr. min.

9. Birthplace OWENSVILLE MO.
(City, town, or county) (State or foreign country)10. Usual occupation FARMER AND STONEMASON

11. Industry or business

12. Name JOHN GODERITZ HOLZSCHUH
 13. Birthplace GERMANY
 (City, town, or county) (State or foreign country)
 14. Maiden name CAROLINA HOLLINSHEID
 15. Birthplace GERMANY
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature John Goderitz Holzschuh
(b) Address Owensville Mo17. (a) BURIAL (b) Date thereof 1-17-1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation ST. PETER REM. OWENSVILLE18. (a) Signature of funeral director W.F. Gettinschneider
(b) Address OWENSVILLE
19. (a) 1-20-40 (b) Rich A. Barnes MD
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State MISSOURI (b) County GASCONADE
 (c) City or town RURAL
 (If outside city or town limits, write "RURAL")
 (d) Street No. OWENSVILLE ROUTE
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN. day 14
year 1940 hour 9 minute 15 P. M.21. I hereby certify that I attended the deceased from Jan 29-39
12 29, 1939, to 1-14, 1940
that I last saw him alive on 1-14, 1940
and that death occurred on the date and hour stated above.Immediate cause of death Pneumonia Bronchitis Duration _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings: _____
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence 1
 (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 Edwin Muller (M. D. or other) _____
Address Owensville Mo Date signed 1-18-40

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 Melford H. H. White.....

Licensed Embalmer No. 3838.....

P. O. Address Oswegoville Mo......

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.