

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6570

Registration District No. 308

Primary Registration District No. 0426

Registrar's No. _____

1. PLACE OF DEATH:
(a) County GASCONADE
(b) City or town RURAL BOURBONS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
BLAND ROUTE 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 66 YRS. 11 MO. 13 DA.
years, months or days (Specify whether)

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. BLAND MO. ROUTE 1
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME ELIZABETH M. HOLZSCHUH
3. (b) If veteran, name war NONE
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month JAN. day 19
year 1940 hour 4 minute 30 A.M.

4. Sex F 5. Color or race W
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife BURTON HOLZSCHUH 6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased FEB. 6 1873
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan. 16, 1940, to Jan 19, 1940, that I last saw her alive on Jan 18, 1940 and that death occurred on the date and hour stated above.
Immediate cause of death Senile Dementia Duration 4 1/2 yrs

8. AGE: Years 66 Months 11 Days 13 If less than one day hr. _____ min. _____

Due to _____
Due to _____

9. Birthplace NEAR OAK HILL MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE

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

11. Industry or business _____
MOTHER FATHER { 12. Name HENRY MUSKAT
13. Birthplace MO. O
(City, town, or county) (State or foreign country)
14. Maiden name MATTISON
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Burton Holzschuh
(b) Address BLAND ROUTE 1 MO
17. (a) BURIAL (b) Date thereof JAN. 31 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation OWENSVILLE CITY CEM.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
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? _____

18. (a) Signature of funeral director W. F. Hattenbacher
(b) Address OWENSVILLE MISSOURI
19. (a) Jan 21 1940 (b) Max Mallie Surgeon
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury _____
28. Signature P. H. Schenck or other DD
Address Bland, MO Date signed 1/20/40

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

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.

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 Wilford H. H. Knite

Licensed Embalmer No. 3838

P. O. Address Owensville 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.