

Registration District No. 213

Primary Registration District No. 3014

86 (86)

1. PLACE OF DEATH:

(a) County Cole  
 (b) City or town Jefferson City, Mo.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
St. Mary's Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution One week  
 (Specify whether  
 In this community One Week  
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Osage  
 (c) City or town Westphalia  
 (If outside city or town limit, write "RURAL")  
 (d) Street No. None  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Herman Joseph Descher 260

3. (b) If veteran, name war None 3. (c) Social Security No. 499-03-1819

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Anna Mary Descher 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased Feb. 6, 1885  
 (Month) (Day) (Year)

8. AGE: Years 55 Months 1 Days 23 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Westphalia, Mo.  
 (City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business W.P.A.

12. Name Herman Descher

18. Birthplace Germany  
 (City, town, or county) (State or foreign country)

14. Maiden name Mary Buerismeyer

15. Birthplace Germany  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Anna Mary Descher

(b) Address Westphalia, Mo.

17. (a) Burial (b) Date thereof April 1, 1940  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Westphalia, Mo.

18. (a) Signature of funeral director John J. Henrich

(b) Address Jefferson City, Mo.

19. (a) 4/6/40 (b) Subsequent M.D.  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29th  
 year 1940 hour 8 minute 30 A. M.

21. I hereby certify that I attended the deceased from March 18 1940 to March 29 1940  
 that I last saw him alive on Mar. 29 1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis  
Hypertensive Heart disease  
Cardio-renal syndrome

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to 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? \_\_\_\_\_

23. Signature J. A. Ossman (M. D. or other) M.D.  
 Address Jefferson City Date signed 4-6-40  
 (Specify type of place) (e) Means of injury D

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

MOTHER FATHER

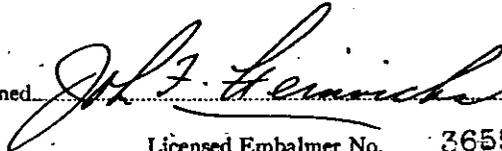
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**STATEMENT BY LICENSED EMBALMER**

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. 3655

P. O. Address Jefferson City, 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.**