

18363

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

JUN 10 1940

Registration District No. 305Primary Registration District No. 4184Registrar's No. 12

## 1. PLACE OF DEATH:

(a) County GASCONADE  
(b) City or town OWENSVILLE  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: \_\_\_\_\_  
2  
(If not in hospital or institution, write street number or location)(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community 86 YRS. 1 MO. 26 DA.  
years, months or days)3. (a) PRINT FULL NAME HENRIETTA SASSMANN3. (b) If veteran, name war NONE  
3. (c) Social Security No. NONE4. Sex FEMALE 5. Color or race WHITE  
6. (a) Single, widowed, married, divorced WIDOWED6. (b) Name of husband or wife CHARLEY SASSMANN  
6. (c) Age of husband or wife if alive DEAD years7. Birth date of deceased MARCH 13 1854  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
86 1 26 hr. min.9. Birthplace BAV MISSOURI  
(City, town, or county) (State or foreign country)10. Usual occupation HOUSE WORK

11. Industry or business \_\_\_\_\_

12. Name HENRY BUCHHOLZ13. Birthplace GERMANY  
(City, town, or county) (State or foreign country)14. Maiden name CAROLINA SCHULTE15. Birthplace GERMANY  
(City, town, or county) (State or foreign country)16. (a) Informant's name Ed. Sassman(b) Address OWENSVILLE17. (a) BURIAL (b) Date thereof MAY 12 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation ST. PETER CEM. OWENSVILLE(a) Signature of funeral director W.F. Gottenstrater(b) Address OWENSVILLE MO19. (a) 5-12-40 (b) Ed. Sassman MD  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County GASCONADE(c) City or town OWENSVILLE  
(If outside city or town limits, write "RURAL")(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 9  
year 1940 hour 4 minute AM.21. I hereby certify that I attended the deceased from April 5  
1940 to May 9 1940that I last saw her alive on May 9 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Cardiac Failure -  
Terminal Atrial FibrillationDue to Chronic Myocarditis 5 yrsDue to Arteriosclerosis 5 yrsOther conditions Hypertension 1 yr.

(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations AZC

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

SAAG

While at work \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature Paul P. Barnes (M. D. or other) MDAddress Owensville, Mo Date signed 5-11-40

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.....

*Lloyd Zinke*

....., Registered Apprentice No. *247*

working under my personal supervision.

Signed *W.F. Gottenrocker*

Licensed Embalmer No. *1444*

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.**