

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

21714

Registration District No.

991

Primary Registration District No.

5419

Registrar's No.

1. PLACE OF DEATH

(a) County GASCONADE 3rd Cn
 (b) City or town RURAL
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution (Specify whether
 In this community
 years, months or days)

3. (a) PRINT
FULL NAMEWALTER HENRY CZESCHIN

3. (b) If veteran,

name war

XX

3. (c) Social Security

No.

XX

4. Sex MALE

5. Color or

race WHITE

6. (a) Single, widowed, married,

divorced SINGLE

6. (b) Name of husband or wife

NONE

6. (c) Age of husband or wife if

alive NONE years

7. Birth date of deceased

FEBRUARY

(Month)

(Day)

28

(Year)

8. AGE:

Years

Months

Days

If less than one day

3039

hr.

min.

9. Birthplace

BLAND PEA #2

(City, town, or county)

MISSOURIA

(State or foreign country)

10. Usual occupation

FARMING

11. Industry or business

MOTHER FATHER

12. Name

William Czeschin

13. Birthplace

BLAND MO P2

(City, town, or county)

MO.

(State or foreign country)

14. Maiden name

Evelina Brusch

15. Birthplace

Bem Mo

(City, town, or county)

Mo.

(State or foreign country)

16. (a) Informant

Amelia Czeschin

(b) Address

Bland Mo P2

17. (a)

Burial

(Burial, cremation, or removal)

(b) Date thereof

June 7 1940

(Month)

(Day)

(Year)

(c) Place: burial or cremation

St Johns Ev. Cemetery

18. (a) Signature of funeral director

W.F. Gottenstater

(b) Address

Opersville, Mo

19. (a)

June 7/40

(Date received local registrar)

(b)

J. Price

(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. BLAND RURAL #2
 (If rural, give location)
 (e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4
 year 1940 hour 8 minute 10 P. M.

21. I hereby certify that I attended the deceased from
June 4, 1940, to June 4, 1940
 that I last saw him alive on June 4, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death

Chronic Hepatitis

Duration

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

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?
280

While at work?

(Specify type of place)

(e) Means of injury

23. Signature E. Edw. Mellies (M. D. or other) A
 Address Opersville Mo Date signed 6-4-40

122
121

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 Kricke
working under my personal supervision.

Registered Apprentice No. *247*

Signed *W. F. Gettenstreter*

Licensed Embalmer No. *1444*

P. O. Address *Odensville 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.