No. 2
-10-39
17

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 12 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31683

Registration District No. 152

Primary Registration District No. 5216

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Cass

(b) ~~City or town~~ Rural Camp Branch
(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 57 yr, years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Cass

(c) City or town Garden City, Mo Rural
(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.? 57 years.

3. (a) PRINT FULL NAME John Oesch

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race Wh

6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased May (Month) 14 (Day) 1846 (Year)

8. AGE: Years 94 Months 4 Days 4 If less than one day hr. min.

9. Birthplace Ontario (City, town, or county) Canada (State or foreign country) 2

10. Usual occupation Farmer 7

11. Industry or business 9

FATHER
12. Name Christian Oesch
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Catherine Lehr
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mary Kenagy
(b) Address Kansas City Mo,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9 (Month) 20 (Day) 1940 (Year)
(c) Place: burial or cremation Clearfork Cemetery

18. (a) Signature of funeral director A D Hamter
(b) Address East Lynne Mo

19. (a) 9-20-40 (Date received local registrar) (b) Mrs Effie Stonestreet (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept, day 19th year 1940 hour 2 minute P. M.

21. I hereby certify that I attended the deceased from Aug - 1st, 1940 to Sept - 19 - 1940 that I last saw him alive on Aug - 20 19 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Due to Senility

Due to 93 A

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

Major findings:
Of operations None

Of autopsy None

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

(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? 145
(Specify type of place)

While at work? (e) Means of injury

23. Signature Frank B Ellis (M. D. or other) 1

Address Garden City Mo Date signed Sept 20-40

(Licensed Embalmer's Statement on Reverse Side)

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.

X

Signed G. A. Hartzler

Licensed Embalmer No. 2717

P. O. Address East Lynne Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.