

S. No. 2
-11-10-39
5-17-39
FILED

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **40019**

Registration District No. **681**

Primary Registration District No. **6173**

Registrar's No. **34**

1. PLACE OF DEATH:

(a) County **WARREN**
(b) City or town **RURAL (PINCKNEY)**
(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 **2**

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **Warren**
(c) City or town **Rural (Pinckney Twp.)**
(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.

3. (a) PRINT FULL NAME **WILLIAM F. MISCHE**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **widowed**

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

7. Birth date of deceased **Aug. 14 1888**
(Month) (Day) (Year)

8. AGE: Years **52** Months **2** Days **24** If less than one day hr. min.

9. Birthplace **GORE MO.**
(City, town, or county) (State or foreign country)

10. Usual occupation **FARMER**

11. Industry or business _____

MOTHER FATHER { 12. Name **Henry Mische**

13. Birthplace **Warren Co. MO.**
(City, town, or county) (State or foreign country)

14. Maiden name **Maria Schroeder**

15. Birthplace **Warren Co. MO.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Arthur Mische**

(b) Address **Warrenton, Mo. R.F.D.**

17. (a) **Burial** (b) Date thereof **Nov. 10, 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Pinckney M.E. Church**

18. (a) Signature of funeral director **J. W. M... ..**

(b) Address **Warrenton, Mo.**

19. (a) **Nov. 11, 1940** (b) **A. W.**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **8th** year **1940** hour **4** minute **30** M.

21. I hereby certify that I attended the deceased from **Aug 1**, 19**37**, to **Nov 8**, 19**40**
that I last saw him alive on **Nov 4**, 19**40**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral palsy** Duration **1 day**

Due to **Hypertension**

Due to **Ch. distritial nephritis** **4 1/2**

Other conditions **191**
(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? **802**

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature **J. C. Johnson** (M. D. or other) **11/9/40**
Address **Warrenton, Mo.** Date signed **11/9/40**

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

09

FILED DEC 11 1940

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

John F. Nieburg

Licensed Embalmer No. 38970

P. O. Address

Warrenton, 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.