

S. No. 2
11-10-39
7-5-1939
1 X 2152

43021

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

JAN 17 1941

Registration District No. 466

Primary Registration District No. 5622C

Registrar's No. 23

54

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

1. PLACE OF DEATH:

(a) County Lafayette Lafayette

(b) City or town Wellington
(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 59 Years (Specify whether _____)
years, months or days

3. (a) PRINT FULL NAME Henry A. Osthoff

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

4. Sex Male 5. Color or race White 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 Sept 30 1856
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>84</u>	<u>2</u>	<u>14</u>	_____ hr. _____ min.

9. Birthplace St Charles Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farmer

12. Name Herman

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

14. Maiden name Unknown

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

16. (a) Informant Theo Osthoff
(b) Address Wellington, Mo.

17. (a) Burial (b) Date thereof Dec. 16 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wellington Mo.

18. (a) Signature of funeral director W. O. Owen
(b) Address Wellington Mo.

19. (a) _____ (b) F. M. Mann
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Lafayette

(c) City or town Wellington 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.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 14
year 1940 hour 5:00 minute _____ M.

21. I hereby certify that I attended the deceased from July 18 1940 to Dec 11 1940
that I last saw him alive on Dec 11 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Arterio Sclerosis
Old age

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? _____

415 _____ (Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature F. M. Mann (M. D. or other) _____
Address Wellington Mo. Date signed 12/14/40

RECEIVED
District Health Officer No. 8
District File Number 1-13-41
Date Filed

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 *W. Roy Egan*
Licensed Embalmer No. 5070
P. O. Address Wellington, 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.