

MAILED FEB 18 1941

Registration District No. 501 Primary Registration District No. 44301 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Saline  
(b) City or town Sweet Springs  
(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 6 1/2 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline 917  
(c) City or town Sweet Springs 3  
(If outside city or town limits, write "RURAL")  
(d) Street No. 205 East Marshall St 5  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 70 years 0 years.

3. (a) PRINT FULL NAME WILLIAM AUGUST CZESCHIN

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

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Mary Louise Czeschin 6. (c) Age of husband or wife if alive Dead years

7. Birth date of deceased February 21 1863  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
77 11 3 ✓ hr. ✓ min.

9. Birthplace Hamburg-Rural-Germany 4  
(City, town, or county) (State or foreign country)

10. Usual occupation Blacksmith

11. Industry or business General Blacksmith

12. Name Don't know

13. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

14. Maiden name Don't know

15. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

16. (a) Informant H. H. Berlekamp

(b) Address Sweet Springs mo

17. (a) Burial (b) Date thereof January 26 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Nepolian mausoleum

18. (a) Signature of funeral director Wesley Harvey

(b) Address Sweet Springs mo

19. (a) Jan 24 41 (b) R. G. Jones  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 24  
year 1941 hour 5 minute 2 M.

21. I hereby certify that I attended the deceased from Jan. 24, 1941, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy no

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? \_\_\_\_\_

Green (Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury Saline Co. 3

23. Signature R. P. Lawrence, Coroner (M. D. or other) 3

Address Miss. Hall Mo Date signed 1-26-41

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

