No. 2
1-4-41
-17-39
X25390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11459

Registration District No. 953 Primary Registration District No. 5792-6 Registrar's No. 5

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

1. PLACE OF DEATH:

(a) County Morgan

(b) City or town Rural - Moreau twn.
(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 Appr. 20 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Morgan

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Moreau twn
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME Emil Mauschke

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Adolphine Kinspel

6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased JAN (Month) 30 (Day) - 1861 (Year)

8. AGE: Years 80 Months 2 Days 24 If less than one day ___ hr. ___ min.

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

10. Usual occupation

11. Industry or business Farmer

FATHER
12. Name Christopher Mauschke
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Agusta Martens
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Mrs Earl Soddard
(b) Address Versailles, Missouri

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

18. (a) Signature of funeral director W. F. Kidwell
(b) Address Versailles, Missouri

19. (a) March 18/41 (Date received local registrar) (b) Julius R. Cooper (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16
year 1941 hour 8:30 minute P. M.

21. I hereby certify that I attended the deceased from Oct 11, 1940, to Mar 16, 1941;
that I last saw him alive on Mar 14 - 1941;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral hemorrhage	6 mos
Due to Arterial Sclerosis	unknown
Due to	
Other conditions (Include pregnancy within 5 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?
5 (Specify type of place)
While at work? (e) Means of injury

23. Signature A. J. Gunn (M. D. or other)
Address Versailles Mo Date signed 3-17-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 4-41-652
Date Filed 4-8-41

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 Gene Bartram
Licensed Embalmer No. 4021
P. O. Address Versailles, Missou

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

If this body is not embalmed, fact should be so stated above.