

FILED JUN 13 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17775

Registration District No. 291

Primary Registration District No. 5419

Registrar's No. _____

1. PLACE OF DEATH: GASCONADE

(a) County GASCONADE

(b) City or town RURAL - 3RD CREEK TOWNSHIP
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
NEAR WOLLAM
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
In this community 80 YRS. 1 MO. 16 DA. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 37

(a) State MISSOURI (b) County GASCONADE

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

(d) Street No. NEAR WOLLAM MO.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME MARIE LOUISE SASSMANN

(b) If veteran, name war NONE

(c) Social Security No. -

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 10
year 1941 hour _____ minute A.M.

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced 9

6. (b) Name of husband or wife FRED. W. SASSMANN

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

7. Birth date of deceased MARCH 24 1861
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 8 - 1941, to May 10 1941;
that I last saw her alive on May 8 1941;
and that death occurred on the date and hour stated above.

8. AGE: Years 80 Months 1 Days 16 If less than one day hr. _____ min. _____

Immediate cause of death hemorrhage of brain

Due to hypertension

Due to _____

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

10. Usual occupation HOUSE WORK

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

Major findings: Of operations _____

Of autopsy _____

11. Industry or business _____

12. Name FERDINAND BOCK

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

14. Maiden name MARIE HEIDREDES

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

16. (a) Informant GEORGE SASSMANN

(b) Address WOLLAM MO.

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

17. (a) BURIAL (b) Date thereof 5-12-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WOLLAM METHODIST CEM. 280

18. (a) Signature of funeral director W. J. Baetzler

(b) Address OWENSVILLE MO.

19. (a) May 12 1941 (b) J. Price
(Date received local registrar) (Registrar's signature)

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? _____

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

23. Signature Edw. Willis (M. D. or other) J

Address Parisville MO. Date signed 5/28/41

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

706

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 Me

....., Registered Apprentice No.....

working under my personal supervision.

Signed

Milford H. Winter

Licensed Embalmer No.

3838

P. O. Address

Owensville 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.