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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 11 1941

Registration District No. 85

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5127

State File No. 24604

Registrar's No. 51

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

1
0
0

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: Rural Washington Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Rural Route #1, St. Joseph
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: ✓ In this community: life (Specify whether years, months or days): 1

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan 011 0
(c) City or town: Rural Washington Township 0
(If outside city or town limits, write "RURAL")
(d) Street No.: St. Joseph, Rural Route #1
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ✓ years. 0

3. (a) PRINT FULL NAME: Caroline Henrietta Ozenberger
3. (b) If veteran, name war: none
3. (c) Social Security No.: none
4. Sex: female 1
5. Color or race: white
6. (a) Single, widowed, married, divorced: single 0
6. (b) Name of husband or wife: none
6. (c) Age of husband or wife if alive: ✓ years
7. Birth date of deceased: January 31 (Month) 1852 (Year) (Day)

8. AGE: Years 89 Months 5 Days 4 If less than one day: hr. min.

9. Birthplace: St. Joseph (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation: Housework
11. Industry or business: Own Home
MOTHER FATHER
12. Name: Peter Ozenberger
13. Birthplace: Unknown (City, town, or county) Switzerland 5 (State or foreign country)
14. Maiden name: Elizabeth Steiner
15. Birthplace: Unknown (City, town, or county) Switzerland 5 (State or foreign country)
16. (a) Informant: Peter F Ozenberger
(b) Address: St. Joseph, Missouri
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: July 7, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation: Ashland Cemetery St. Joseph, Missouri
18. (a) Signature of funeral director: Walter Melenhorst
(b) Address: 1302 Faraon, St. Joseph, Missouri
19. (a) July 7, 1941 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: July day: 5 year: 1941 hour: 12 minute: noon M.
21. I hereby certify that I attended the deceased from: April 2, 1941, to: July 5, 1941; that I last saw her alive on: July 5, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocardial Insufficiency	unknown
Due to: Arteriosclerosis General	"
Due to: ✓	
Other conditions: ✓ (Includes 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? ✓ (Specify type of place)
While at work? ✓ (e) Means of injury: ✓
23. Signature: Gustav A Lan (M. D. or other) M.D.
Address: Kirkpatrick Bldg., Date signed: 7/7/41

00 (Licensed Embalmer's Statement on Reverse Side) St. Joseph, Missouri

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 Oby Jester

Licensed Embalmer No. Mo. 4154

P. O. Address St. Joseph, Missouri

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.