

FILLED SEP 3 1941

Registration District No. 171

Primary Registration District No. 4462

Registrar's No.

1. PLACE OF DEATH

(a) County St. Francois  
(b) City or town Bismarck  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois  
(c) City or town Bismarck  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME FRANK HERMAN OEHLEK

3. (b) If veteran, name war no 3. (c) Social Security No. none

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Sept 7 1891  
(Month) (Day) (Year)

8. AGE: Years 49 Months 11 Days 25 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Tailor

11. Industry or business \_\_\_\_\_

12. Name Frank Oehler

13. Birthplace Iron Mountain Miss  
(City, town, or county) (State or foreign country)

14. Maiden name Jessamine Warrick

15. Birthplace St. Charles Miss  
(City, town, or county) (State or foreign country)

16. (a) Informant Earl Bertha Oehler

(b) Address Bismarck Miss

17. (a) Burial (b) Date thereof 9-1-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bismarck Miss

18. (a) Signature of funeral director Kill & White

(b) Address Bismarck Miss

19. (a) Aug 30 41 (b) F. H. Gale md  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 29th  
year 1941 hour 9 minute 30 A M.

21. I hereby certify that I attended the deceased from By Request  
Electro Aug. 30 1941

that I last saw him alive on \_\_\_\_\_ 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Gun Shot Wound Duration \_\_\_\_\_  
Jury Verdict: We the jury find the deceased died of his death by gun shot wounds inflicted by a means unknown to the jury

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 160

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 August 29, 1941

(c) Where did injury occur: Bismarck Missouri Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, or in public place?  
Garage at his own home

While at work? no (Specify type of place) (e) Means of injury Gun Shot Wound

23. Signature Lawrence Raywell (M.D. number) \_\_\_\_\_

Address Bismarck Miss Mo Date signed 9/2/41

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

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**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

*Amel White*

Licensed Embalmer No.

*3012*

P. O. Address

*Boston, Mass*

**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, fact should be so stated above.**