

FILED OCT 25 1941

Registration District No. 297941

Primary Registration District No. 3016

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

1. PLACE OF DEATH:

(a) County Franklin

(b) City or town Washington Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 822 Edith St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none
(Specify whether)

In this community 0
years, months or days

3. (a) PRINT FULL NAME HENRY J. HOELSCHER

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

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

(b) Name of husband or wife Mary Westheller

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased Sept. 28 1870
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>11</u>	<u>24</u>	<u>-</u> hr. <u>-</u> min.

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

10. Usual occupation Farmer

11. Industry or business -

12. Name Ferdinand Hoelscher

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

14. Maiden name Louise Ralf

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

16. (a) Informant Mrs Henry Hoelscher

(b) Address Washington Mo

17. (a) Burial (b) Date thereof 9-25-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Mo

18. (a) Signature of funeral director Otto & Co.

(b) Address Washington Mo

19. (a) Sept. 24 1941 (b) H. A. May
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin

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

(d) Street No. 822 Edith St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? no. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 22nd year 1941 hour 3:45 minute P. M.

21. I hereby certify that I attended the deceased from Aug 16, 1941 to Sept 24 22, 1941 ;
that I last saw him alive on Sept 20, 1941 ;
and that death occurred on the day and hour stated above.

Immediate cause of death Chronic Myocarditis & endo
Arteritis - Diabetes

Due to _____

Due to _____

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

Major findings: 6
Of operations _____

Of autopsy _____

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 0

23. Signature [Signature] (M. D. or other) M. D.

Address Washington Mo Date signed 9/24/41

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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.....

J.H. Otto

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

working under my personal supervision.

Signed.....

J.H. Otto

Licensed Embalmer No.....

2464

P. O. Address.....

Washington D.C.

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.