

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

AN 16 1942

Registration District No. 668

Primary Registration District No. 3692

Registrar's No. 352

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

80
6
4

1. PLACE OF DEATH:

(a) County Pettis
 (b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Bothwell Memorial Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Hospital
(Specify whether years, months or days)
 In this community 2 hours

3. (a) PRINT FULL NAME J. Fred Hambsch

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 Single

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

7. Birth date of deceased Unknown
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day
 About 64 hr. _____ min. _____

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

10. Usual occupation Peddler

11. Industry or business Metal mending products

12. Name Philip Hambsch

13. Birthplace Germany

14. Maiden name Elizabeth Ostricker

15. Birthplace Germany

16. (a) Informant Mrs. J. H. McKown

(b) Address Columbus, Nebraska

17. (a) Removal (b) Date thereof 12/3/41

(c) Place: burial or cremation Malvern, Iowa

18. (a) Signature of funeral director Gillespie Funeral Home

(b) Address 903 S. Ohio, Sedalia, Missouri

19. (a) 12/3/41 (b) Mrs. Anna Berger

(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
 (c) City or town Sedalia
(If outside city or town limits, write "RURAL")
 (d) Street No. 312 East 3rd Street
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 2
 year 1941 hour 10 minute 30 M.

21. I hereby certify that I attended the deceased from 12:22
1941 to 1941
 that I last saw him alive on _____ 19____
 and that death occurred on the date and hour stated above.

Immediate cause of death Inferior vena cava
seen Automobile accident
Skull fractured
 Due to Stroke by automobile

Due to _____

Other conditions _____

Major findings: _____

Of autopsy none done

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence 12-2-41

(c) Where did injury occur? Sedalia R & E

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Highway
(Specify type of place)
 While at work? Yes Means of injury road

23. Signature J. T. Bishop (M. D. or other)

Address Sedalia, Mo. Date signed 12-2-41

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 1-14-45

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.....

L. E. Bouchlin

Licensed Embalmer No. 3867

P. O. Address. Seabair 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, fact should be so stated above.