

DEPARTMENT OF COMMERCE
U. S. BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

6593 66

State File No.

FILED MAR 24 1942 304

Registration District No.

Primary Registration District No.

5421

Registrar's No.

304

1. PLACE OF DEATH:

(a) County Gasconade
 (b) City or town Rural -- Richland
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 13 miles S. W. of Hermann
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution all his life -- 76 years
 In this community all his life -- 76 years
 years, months or days

3. (a) PRINT
FULL NAME

GUSTAV BOHL

3. (b) If veteran,
name war3. (c) Social Security
No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Hulda Bohl 6. (c) Age of husband or wife if alive 29 years
 7. Birth date of deceased October 29, 1865
 (Month) (Day) (Year)

8. AGE: Years 76 Months 4 Days 22 If less than one day
 hr. min.

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

10. Usual occupation Retired Farmer & Carpenter

11. Industry or business

12. Name Unknown13. Birthplace Germany
(City, town, or county) (State or foreign country)14. Maiden name Unknown15. Birthplace Germany
(City, town, or county) (State or foreign country)16. (a) Informant William Bohl(b) Address Hermann, Missouri RFD17. (a) Burial (b) Date thereof 3/23/42
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation St. John's Evang. Ce.18. (a) Signature of funeral director Hugo H. Blumer(b) Address Hermann, Missouri19. (a) 3-22-1942 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
13 miles S. W. of Hermann
 (d) Street No. (If rural, give location)
 (e) If foreign born, how long in U. S. A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20th
year 1942 hour 9 minute 10 M.

21. I hereby certify that I attended the deceased from October 16th
 1938 to March 20th 1942
 that I last saw him alive on March 16th 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death

Chronic Myocarditis Long
Sclerosis of coronary
arteries

Due to

Other conditions 93d
(Include pregnancy within 3 months of death)Major findings:
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?

(Specify type of place)

While at work? (e) Means of injury 523. Signature E. G. Rhodius (M. D. or other)Address Hermann Mo Date signed 3/21/42

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.....

Licensed Embalmer No. 3160

P. O. Address Hermann, Missouri

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **6593**
Registrar's No.

Registration District No. **304**

Primary Registration District No. **5421**

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME

Gustav Buhl

3. (b) If veteran,
name war.

3. (c) Social Security
No.

4. Sex **m**

5. Color or race **w**

6. (a) Single, widowed, married,
divorced. **w**

6. (b) Name of husband or wife

6. (c) Age of husband or wife if
alive. **29** years

7. Birth date of deceased

Oct
(Month)

29
(Day)

1942
(Year)

8. AGE:

Years

Months

Days

If less than one day

74

4

13

min.

9. Birthplace

(City, town, or county)

(State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace

(City, town, or county)

(State or foreign country)

14. Maiden name

15. Birthplace

(City, town, or county)

(State or foreign country)

16. (a) Informant

(b) Address

17. (a)

(Burial, cremation, or removal)

(b) Date thereof

(Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) **3-21-42**
(Date received local registrar)

(b) **T. L. Kichers**
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **mar** day **20**
year **1942** hour minute M.

21. I hereby certify that I attended the deceased from
that I first saw him alive on 19;
and that death occurred on the date and hour stated above.
Immediate cause of death

Duration

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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 (M. D. or other)
Address Date signed

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

SUPPLEMENTARY

Per Q. H. Lindler

The following information was obtained from the records of the [redacted] Department of the Interior, Bureau of Land Management, regarding the [redacted] land grant.

[The remainder of the page contains extremely faint, illegible text.]