

FILED MAY 20 1942

Registration District No. **297**

Primary Registration District No. **3016**

Registrar's No. **43**

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

1. PLACE OF DEATH:

(a) County **FRANKLIN**

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

(c) Name of hospital or institution: **ST FRANCIS HOSPITAL**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **3 1/2 WEEKS**
(Specify whether years, months or days)

In this community.....

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **GASCONADE 37**

(c) City or town **"RURAL"** **0**
(If outside city or town limits, write "RURAL")

(d) Street No. **OWENSVILLE ROUTE** **0**
(If rural, give location)

(e) Citizen of foreign country? **NO.** (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME **FRANK HOUSKA**

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 **WIDOWED**

6. (b) Name of husband or wife **MARY ANN KRATCHA**

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

7. Birth date of deceased **JANUARY 26 1854**
(Month) (Day) (Year)

8. AGE: Years **88** Months **3** Days If less than one day
hr. min.

9. Birthplace **4 AUSTRIA**
(City, town, or county) (State or foreign country)

10. Usual occupation **FARMING**

11. Industry or business.....

12. Name **JOSEPH HOUSKA**

13. Birthplace **if AUSTRIA**
(City, town, or county) (State or foreign country)

14. Maiden name **MRS. KAPWON**

15. Birthplace **if AUSTRIA**
(City, town, or county) (State or foreign country)

16. (a) Informant **JOE HOUSKA**

(b) Address **OWENSVILLE**

17. (a) **BURIAL** (Burial, cremation, or removal) (b) Date thereof **APRIL 28 1942**
(Month) (Day) (Year)

(c) Place: burial or cremation **OWENSVILLE CATHOLIC CH.**

18. (a) Signature of funeral director **W. F. Bottenstein**

(b) Address **Owensville Mo**

19. (a) **APRIL 28 1942** (Date received local registrar) **Lucille Reuther** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **APRIL** day **26**
year ~~1942~~ hour **9** minute **30** A.M.

21. I hereby certify that I attended the deceased from **April 6, 1942**
to **April 26, 1942**
that I last saw him alive on **April 26, 1942**
and that death occurred on the day and hour stated above.

Immediate cause of death **Ch. Myocarditis** Duration

Due to.....

Due to.....

Other conditions.....
(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.....

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

23. Signature **W. F. Bottenstein** (M. D. or Ch. D.)

Address **Wilmington Mo** Date signed **April 28 1942**

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 Me

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

working under my personal supervision.

Signed Melford Winter

Licensed Embalmer No. 3838

P. O. Address Owensville 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.