

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

1. PLACE OF DEATH:

(c) County. Buchanan
(b) City or town. Washington "Rural"
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
R.F.D.#1. St. Joseph, Mo. Hy-way 36
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. None
(Specify whether years, months or days)
In this community. 43 years.

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Buchanan
(c) City or town. Rural
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D.#1. St. Joseph Hy-way 36
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Millard H. Ozenberger

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. Single

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

7. Birth date of deceased April 28 1899
(Month) (Day) (Year)

8. AGE: Years 43 Months 0 Days 15 If less than one day hr. min.

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

10. Usual occupation None- Farming

11. Industry or business Mothers Farm

12. Name Henry Ozenberger

13. Birthplace Buchanan County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth M. Stuber

15. Birthplace Buchanan County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Elizabeth M. Ozenberger

(b) Address R.F.D.#1 St. Joseph, Mo.

17. (a) Burial (b) Date thereof May 15, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Herbert W. Spindler

(b) Address 1802 Union Str. St. Joseph, Mo.

19. (a) 5-14-42 (b) Rose Henry
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13th
year 1942 hour 2 minute 45 A. M.

21. I hereby certify that I attended the deceased from Apr 19 1942 to Apr 19 1942
that I last saw him im alive on Apr 19 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Stenosis - Duration _____

Due to _____

Due to _____

Other conditions Neph. Ch.
(Include pregnancy within 6 months of death)

Major findings: Of operations _____

Of autopsy 1316

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 _____

(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 _____

23. Signature Frank H. ... (M. Doctor) _____

Address 620 Francis Date signed 7/13/42

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. *3258*

P. O. Address *St. Joseph, 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.