

Registration District No. 80

Primary Registration District No. 5307

Registrar's No. 6

26  
0  
0

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

1. PLACE OF DEATH: Cole  
 (a) County Cole *Monmouth*  
 (b) City or town Lohman, Mo  
 (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)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Cole 26  
 (c) City or town Lohman Rural 0  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_  
 (If rural, give location) 0  
 (e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Adam Kautsch  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month August day 18th  
 year 1942 hour 8 minute 55 M.

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife Mary Kautsch  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased March 25 1861  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from January 15, 1941, to Aug 17, 1942, that I last saw him alive on August 17, 1942, and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>4</u>	<u>23</u>	hr. _____ min. _____

Immediate cause of death Cancer of Prostate  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

9. Birthplace Cole County 0  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation Farmer

Other conditions Arteriosclerosis  
 (Include pregnancy within 3 months of death)  
 PHYSICIAN \_\_\_\_\_

11. Industry or business \_\_\_\_\_  
 12. Name Andrew Kautsch  
 13. Birthplace Germany 4  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Barbara Hittrio  
 15. Birthplace Germany 4  
 (City, town, or county) (State or foreign country)

Major findings: Of operations 518  
 Of autopsy \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

16. (a) Informant William Kautsch  
 (b) Address Russellville, Mo  
 17. (a) Burial (b) Date thereof 8-20-42  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Stringtown Cemetery

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)  
 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 \_\_\_\_\_

18. (a) Signature of funeral director [Signature]  
 (b) Address Russellville, Mo  
 19. (a) Aug 20 1942 (b) Mrs. C. W. Plummer  
 (Date received local registrar) (Registrar's signature)

23. Signature E. M. Eberhart (M.-D. or other) 0  
 Address Russellville, Mo Date signed 8/24/42

JUN 6 1957

**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..... *Harold Schubert* .....

Licensed Embalmer No..... *2820* .....

O. Address..... *Pennington* .....

**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, above space should be left blank.**