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

1. PLACE OF DEATH:

(a) County Cole

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

(c) Name of hospital or institution: St. Mary's
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution since Aug 8, 1942
(Specify whether)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Lydia Clara Oswald

8. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female / race white / 5. Color or white

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

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

7. Birth (date of deceased) 12 11 1892
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>49</u>	<u>8</u>	<u>26</u>	hr. _____ min. _____

9. Birthplace France / Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Emanuel Konig

13. Birthplace France / Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Clara Windmuller

15. Birthplace France / Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant S. C. Oswald

(b) Address La Loran mo

17. (a) Burial / (b) Date thereof 9 8 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's

18. (a) Signature of funeral director James A. Nelson

(b) Address Jefferson City

19. (a) 9-7-42 / (b) James A. Nelson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. / (b) County Cole

(c) City or town La Loran
(If outside city or town limits, write "RURAL")

(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 9 day 6
year 1942 hour 1 minute 7 P. M.

21. I hereby certify that I attended the deceased from Aug 28, 1942, to Sept 6, 1942

that I last saw him alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis

Due to Pelvic abscess

Due to intestinal obstruction

Other conditions Remains from preceding operation

Major findings: operation

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? _____

While at work _____ / (Specify type of place) _____

(a) Means of injury _____

23. Signature W. B. Russell / (M. D. or other) _____

Address Jefferson City / Date signed _____

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.....

Hugo K. Schickel
.....

Licensed Embalmer No. *2820*

P. O. Address *Russellville,*

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.

MS