

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

37040

FILED DEC 4/1942

State File No.

Registration District No.

Primary Registration District No. 4188

Registrar's No. 8

1. PLACE OF DEATH:

(a) County GASCONADE
(b) City or town OWENSVILLE
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: OWENSVILLE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13 YRS. (Specify whether years, months or days)

3. (a) PRINT FULL NAME

MARY EICHER

3. (b) If veteran, name war.

3. (c) Social Security No. ✓

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife GEORGE EICHER 6. (c) Age of husband or wife if alive DEAD years
7. Birth date of deceased DEC 25 1865 (Month) (Day) (Year)

8. AGE: Years 76 Months 10 Days 19 If less than one day hr. min.

9. Birthplace BEA MISSOURI (City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WORK

11. Industry or business

MOTHER FATHER { 12. Name ADAM HOSFELD
13. Birthplace GERMANY (City, town, or county) (State or foreign country)
14. Maiden name MARY ENKE
15. Birthplace GERMANY (City, town, or county) (State or foreign country)

16. (a) Informant ED. KRAMME

(b) Address OWENSVILLE MO.

17. (a) BURIAL (b) Date thereof NOV. 16 1942 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OWENSVILLE CITY, MO.

18. (a) Signature of funeral director W. F. Gutschmidt

(b) Address Owensville Mo.

19. (a) Nov 16, 1942 (b) Myrtle M. W. L. L. (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. 14 day year 1942 hour 12 minute A M.

21. I hereby certify that I attended the deceased from January 14, 1942 to November 14, 1942
that I last saw him alive on November 14, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Asthma

Due to

Due to

Other conditions Valvular lesion
(Include pregnancy within 3 months of death)

Major findings: Of operations 112

Of autopsy

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 Edwin H. H. H. (M. D. or other) 0
Address Owensville Mo. Date signed 11-16-42

DEC 7 - 1942

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 Winto

Licensed Embalmer No. 3835

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.