

11-10-39
5-17-39
K21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

40481

State File No.

FILED JAN 15 1943

Registration District No. 740

Primary Registration District No. 4124

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Clark
(b) City or town Kahoka
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(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 Clark
(c) City or town Kahoka 23
(If outside city or town limit write "RURAL") 1
(d) Street No. _____ (If rural, give location) 0
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Walter H. Ochsenbecker

20. DATE OF DEATH: Month January 1st
year 1943 hour 11 minute 45 P M.

3. (b) If veteran, name war World War #1 3. (c) Social Security No. _____

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____ and that death occurred on the date and hour stated above.

4. Sex M.O. 5. Color or race W. 6. (a) Single, widowed, married, divorced M.

Immediate cause of death: suicide, by gun shot wound. Big single barrel shot gun
Due to _____
Due to _____

6. (b) Name of husband or wife Wilma Kirchner 6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased December 5 1894
(Month) (Day) (Year)

8. AGE: Years 48 Months - Days 27 If less than one day hr. _____ min. _____

9. Birthplace Clark Co Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Painter & Decorator

11. Industry or business _____

12. Name Adam Ochsenbecker

13. Birthplace Clark Co Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Wary B. Blum

15. Birthplace Clark Co Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Wilma Ochsenbecker
(b) Address Kahoka Mo.

17. (a) Burial (b) Date thereof 1-4-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Pauls Cemetery

18. (a) Signature of funeral director Fred Charles
(b) Address Kahoka Mo.

19. (a) 1-6-43 (b) Perry S. Bortner
(Date received local registrar) (Registrar's signature)

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 _____

(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 J. L. McConnee (M. D. or other) _____

Address Revere Mo. Date, signed 1-2-43

Duration
Underline the cause to which death should be charged statistically.

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

10

1073

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 10

District File Number 1-43-135

Date Filed Jan-14-1943

FEB 9 1943

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

Fred J. Karle

Licensed Embalmer No. 1023

P. O. Address Kahoke 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, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 40483
Registrar's No. 5-34

Registration District No. 70

Primary Registration District No. 5-28-4124

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME Walter H. Lehenbecker

3. (b) If veteran, name war World War I 3. (c) Social Security No. _____

4. Sex m 5. Color w race _____ 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife Wilma 6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased Dec 5 - 1898
(Month) (Day) (Year)

8. AGE: Years 48 Months _____ Days _____ If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name Walter H. Lehenbecker

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Mary Plum

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan Day _____
year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____;
that I last saw him _____ live on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death suicide
By single barrel shot gun.
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) Jan 1 1943

(b) Date of occurrence _____

(c) Where did injury occur? At Home Kahoka, Mo, Clark Co,
(City or town) (County) (State)

(b) Did injury occur in or about home, on farm, in industrial place, in public place?
In Garage

While at work? ?? (Specify type of place) Means of injury Shot Gun

23. Signature J. R. McConnell (M. D. or other) _____
Address Revere Mo Date signed 1-29-43

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

SUPPLEMENTARY

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

