

S. No. 9
-9-4-41
5-17-39
PI X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

40684

State File No.

FILED JAN - 9 1943

Registration District No.

Primary Registration District No. ~~#184~~ 5429

Registrar's No. 276

36
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: **FRANKLIN**

(a) County **FRANKLIN**

(b) City or town **RURAL LYON**
(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 **Mo** (b) County **Franklin**

(c) City or town **Rural**
(If outside city or town limits, write "RURAL")

(d) Street No. **Beaufort Rural Route**
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **FRANK H. HOELSCHER**

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

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

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

7. Birth date of deceased **SEPT 14 1863**
(Month) (Day) (Year)

8. AGE: Years **79** Months **2** Days **14** If less than one day _____ hr. _____ min.

9. Birthplace **BEAUFORT Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **RET. WAGON MAKER**

11. Industry or business _____

12. Name **HENRY HOELSCHER**

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

14. Maiden name **LOUISE KLUSMEYER**

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

16. (a) Informant **Louis H. Hoelscher**

(b) Address **Beaufort Mo**

17. (a) **Burial** (b) Date thereof **Dec. 10 1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Beaufort Cemetery**

18. (a) Signature of funeral director **J. H. Matheis**

(b) Address **Beaufort Mo**

19. (a) **Dec. 9 46** (b) **Don Owen**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **8** year **1942** hour **12** minute **300** M.

21. I hereby certify that I attended the deceased from **Apr 21 1941** to **Dec 8 1942** that I last saw him alive on **Nov 9 1942** and that death occurred on the date and hour stated above.

Immediate cause of death: **Cancer of intestinal tract**

Duration of illness **Not Known**

Due to **Hb e**

Other conditions: _____ (Include pregnancy within 3 months of death)

Major findings: Of operations **No operation**

Of autopsy **No 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? **Yes** (Specify type of place) (a) Means of injury _____

23. Signature **J. H. Matheis** (M. D. or D. O.)

Address **Beaufort, Mo** Date signed **12/8/42**

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.....

E. H. Jenne

Registered Apprentice No.....

working under my personal supervision.

Signed

E. H. Jenne

Licensed Embalmer No.

3076

P. O. Address

Beaufort 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.