

FILED FEB 13 1943

State File No. _____

Registration District No. 11

Primary Registration District No. 4184

Registrar's No. 29

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town Gerald
(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 about 70 yrs. (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Ludwig Heindrick August Droste

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

4. Sex Male 5. Color or race White 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 January 18 1865
(Month) (Day) (Year)

8. AGE: Years 77 Months 11 Days 14 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farming

11. Industry or business _____

12. Name Henry A. Droste

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

14. Maiden name Sophia Isermann

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

16. (a) Informant August Droste

(b) Address Gerald, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 4, 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Presbyterian Cemetery

18. (a) Signature of funeral director Kernst P. Ottmann

(b) Address Gerald, Missouri

19. (a) Jan. 4-43 (b) Don Owens
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 2
year 1943 hour 6 minute P M.

21. I hereby certify that I attended the deceased from April
_____ 1942 to Jan 2, 1943
that I last saw him alive on Jan 1, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Prostate
Sif

Due to _____
Due to _____

Other conditions Myocarditis Obstructa
(Include pregnancy within 3 months of death)

Major findings: Of operations none
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?

23. Signature Charles A. Schmidt (M. D.)
Address Gerald Mo Date signed 7-4-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

36
00
0

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..... *Ernest P. Ottmann*

..... Licensed Embalmer No..... *4054*

P. O. Address..... *Gerald, 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.