

FILED FEB 13 1943

Registration District No. 17

Primary Registration District No. 4193

1. PLACE OF DEATH:

(a) County Gasconade
(b) City or town Hermann
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 207 Market /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 50 years (Specify whether years, months or days)
In this community 50 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade
(c) City or town Hermann
(If outside city or town limits, write "RURAL")
(d) Street No. 207 Market
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME

Fred Nasse

3. (b) If veteran, name war World War #1 3. (c) Social Security No. 488-05-5583

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Elsie Nasse 6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased December 8 1892
(Month) (Day) (Year)

8. AGE: Years 50 Months 1 Days 19 If less than one day hr. min.

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

10. Usual occupation Shoe Worker
Industry or business

11. Name Eugene Nasse
12. Birthplace Hermann Missouri
(City, town, or county) (State or foreign country)
13. Maiden name Carolina Grai

14. Name Unknown
(City, town, or county) (State or foreign country)

16. Informant Mrs. Elsie Nasse

(b) Address Hermann, Missouri
17. (a) Burial (b) Date thereof 1/29/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hermann City Cem.

18. (a) Signature of funeral director Hugo H. Blumer
(b) Address Hermann, Missouri

19. (a) Jan 28/43 (b) A. H. Seidler
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 27 year 1943 hour 5 AM minute _____ M.

21. I hereby certify that I attended the deceased from Jan 17 1943 to Jan 27 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Branchial Pneumonia Duration 2 days

Due to Influenza

Due to Chr. Bronchitis due to being gassed in World War #1

Other conditions War #1
(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 F. Wessling MD (M. D. or other) _____
Address Hermann, Mo Date signed 1-27-43

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

Handwritten notes:
Eugene Nasse
Carolina Grai
Mrs. Elsie Nasse

1261

NOV 27 1944

JAN 20 1945

FEB 17 1945

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
.....
working under my personal supervision.

Registered Apprentice No.

Signed.....

Hugot Blumer

Licensed Embalmer No.

P. O. Address..... 3160
Hermann, 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.

STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri
County of Gasconade } ss.

State File No.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No.

On this 16th day of September, 1944, before me appears Dr. F.J. Wassling, who, upon his oath, states that the original record of ~~xxx~~ death for Fred Nesse, ^{died} ~~born~~ January 27, 1943, in the State of Missouri, and which was filed at Jefferson City, Mo. on, 19....., should be corrected as follows:

Item No. cause of death should read Pneumonia, Bronchial, due to chronic Bronchitis

Instead of Bronchial Pneumonia, 2 days duration, due to influenza.

Item No. should read due to being gassed in World War 1

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

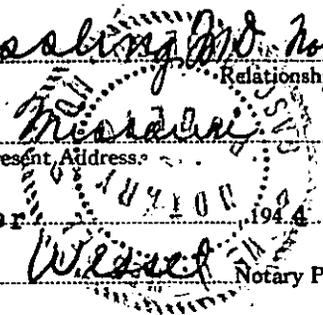
Affiant F. J. Wassling, M.D. Relationship None

Hermann, Missouri
Present Address:

Subscribed and sworn to before me this 16th day of September, 1944.

My Commission expires March 26, 1945

Wm H. Wladet Notary Public.



Affidavits containing erasures will not be accepted; draw one line through error and write above it.

