

Registration District No. **170**

Primary Registration District No. **5425**

Registrar's No. **9**

1. PLACE OF DEATH
 (a) County **Franklin**
 (b) City or town **Rural Boone Mo**
 (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 **9 ll** 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. _____ (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **WILLIAM OHSE**
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **April** day **6**
 year **1943** hour **10:00** minute **A.** M.
 21. I hereby certify that I attended the deceased from **Dec. 6,**
1942 to **Apr. 6,** 19**43**
 that I last saw him alive on **April 5, 1943**
 and that death occurred on the date and hour stated above.

4. Sex **MALE** 5. Color or race **W**
 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Bertha Ohse**
 6. (c) Age of husband or wife if alive **70** years
 7. Birth date of deceased **Sept 3 1872**
 (Month) (Day) (Year)

Immediate cause of death **Carcinoma of stomach**
 Duration **1 yr.**

8. AGE: Years **70** Months **7** Days **3**
 If less than one day _____ hr. _____ min.

Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations **H&E**
 Of autopsy _____

9. Birthplace **Yorktown Mo** (City, town, or county) (State or foreign country)
 10. Usual occupation **Farmer**

11. Industry or business _____
 12. Name **Frederick Ohse**
 13. Birthplace **Germany** (City, town, or county) (State or foreign country)
 14. Maiden name **Caroline Miller**
 15. Birthplace **Germany** (City, town, or county) (State or foreign country)

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

16. (a) Informant **Walter Ohse**
 (b) Address **Washington Mo**
 17. (a) **Rural** (b) Date thereof **4-9-43**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Boone, Boone Mo**
 18. (a) Signature of funeral director **Walter Ohse**
 (b) Address **Yorktown, Mo**
 19. (a) **April 9-1943** **Caluca England**
 (Date received local registrar) (Registrar's signature)

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) Means of injury _____
 23. Signature **W. H. Held** (M. D. or other) **D. D.**
 Address **New Haven, Mo.** Date signed **4/12/43**

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

36
0
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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 Earl Fertig
Licensed Embalmer No. 3386
P. O. Address New Haven Ct

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.