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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15040

State File No. ....

FILED MAY 10 1943  
Registration District No. 260

Primary Registration District No. 58571294 Registrar's No. 8

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

1. PLACE OF DEATH:

(a) County Osage

(b) City or town Loose Creek, Mo. R.D.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
At Home Washington Jung  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether  
years, months or days) 75 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Osage

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

(d) Street No. Loose Creek, Mo. R.D.  
(If rural, give location)

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

3. (a) PRINT FULL NAME Henry Descher

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, Married

6. (b) Name of husband or wife Mary Descher 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased April 14th, 1867  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>75</u>	<u>4</u>	<u>19</u>	hr. min.

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

10. Usual occupation Farmer

11. Industry or business.....

12. Name Herman Descher

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

14. Maiden name Mary Eufesmeyer

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

16. (a) Informant Joe Descher

(b) Address Loose Creek, Mo. R.D.

17. (a) Burial (b) Date thereof 4-6-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Westphalia, Mo.

18. (a) Signature of funeral director Clyde Morton

(b) Address Box 144, Linn, Mo.

19. (a) 4/14-43 (b) Antonia Hlebba  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3rd.  
year 1943 hour 4 minute 15 a.m.

21. I hereby certify that I attended the deceased from May 1st  
1942 to April 5th 1943  
that I last saw him alive on April 1st 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Insufficiency Duration 2 yrs

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death) 92 lb

Major findings: Of operations.....

Of 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? (Specify type of place) (c) Means of injury.....

23. Signature Conrad S. Verhoff (M. D. or other).....

Address Westphalia, Mo. Date signed 4/5/1943

**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..... *Vernon Mortimer* .....

Licensed Embalmer No. *4125* .....

P. O. Address *Lin, 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.**