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DM-542  
5-17-39  
X32873

18419

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

MAILED JUN 11 1943

Registration District No. 214

Primary Registration District No. 5782

Registrar's No. ....

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0  
0  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County: Miller  
(b) City or town: Rural - Osage Falls  
(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: 30 yrs. years, months or days) (Specify whether

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Miller  
(c) City or town: Rural  
(d) Street No.: Osage, Mo. R# 2  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country: \_\_\_\_\_

3. (a) PRINT FULL NAME: HENRY KINDENBUSCH

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 Ann Bergmyer 6. (c) Age of husband or wife if alive: 70 years  
7. Birth date of deceased: June 19 1858  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
84 10 20 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation: Farmer

11. Industry or business: \_\_\_\_\_

MOTHER FATHER  
12. Name: Bernard Kindenbusch  
13. Birthplace: Germany  
14. Maiden name: unknown  
15. Birthplace: unknown

16. (a) Informant: Mary Ann Kindenbusch

(b) Address: Osage, Mo

17. (a) Burial (b) Date thereof: 5-10-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Osage, Mo. R# 2 Mt. Anthony Cem.

18. (a) Signature of funeral director: E. J. Casey

(b) Address: Osage, Mo

19. (a) May 9 1943 (b) John K. Schrieterman  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: May day: 8  
year: 1943 hour: 5 minute: a M.  
21. I hereby certify that I attended the deceased from 1938  
to May 8 1943  
that I last saw him alive on May 1 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary thrombosis  
Due to: arteriosclerosis with  
MI and hypertensive changes  
Due to: actions

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

Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
Of autopsy: 1370

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: Wm. A. Gould (M.D. or other) DO.  
Address: Osage Date signed: Mo

Duration  
1 hr.  
hrs.  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

RECEIVED

Miller County Health Dep't.

County File Number 43-44

Date Filed 6-9-43

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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.....

*C. L. Basey*

Licensed Embalmer No. 2694

P. O. Address Verona, 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.