

No. 2
4-5-42
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25688

State File No.

FILED AUG 7 1943
Registration District No. 256

Primary Registration District No. 4388

Registrar's No.

1. PLACE OF DEATH:
(a) County Osage
(b) City or town Chamois mo.
(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 _____ years, months or days) 9 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Osage
(c) City or town Chamois
(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 George Hettenbach
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 18
year 1943 hour 7 Pm minute _____ M.
21. I hereby certify that I attended the deceased from 1940
_____ 19 _____ 1943
that I last saw him alive on July 18
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married, Divorced Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased. Nov 4 1850
(Month) (Day) (Year)

Immediate cause of death
(1) Chronic myocarditis
(2) Bronchial asthma
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) 93d

8. AGE: Years Months Days If less than one day
92 6 14 19 hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. H. F. Biesemeier

(b) Address Chamois mo.

17. (a) Burial (b) Date thereof July 21 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Evangelical Cemetery

18. (a) Signature of funeral director Otto T. Storkach
(b) Address Chamois mo.

19. (a) July 20 1943 (b) Ether Souder
(Date received local registrar) (Registrar's signature)

PHYSICIAN
Major findings:
Of operations _____
Of autopsy _____
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) (e) Means of injury _____
23. Signature W. J. McNelly (M. D. or other) _____
Address Chamois mo. Date signed _____

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

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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, ~~my~~.....

....., Registered Apprentice No.
working under my personal supervision.

Signed..... *Otto F. Stocksick*.....

Licensed Embalmer No. *1902*.....

P. O. Address..... *Chamois, 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.