

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28991

State File No. _____

Registrar's No. 72

Registration District No. 273

Primary Registration District No. 592c

FILED
79
0
0

1. PLACE OF DEATH:

(a) County Perry
(b) City or town Longtown Union Twp
(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 76-6-29 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry
(c) City or town Longtown Mo.
(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 Anna C. Ochs

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

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

6. (b) Name of husband or wife John H. Ochs 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased December 23 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 6 29 _____ hr. _____ min.

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

10. Usual occupation House Wife

11. Industry or business _____

12. Name John Andrew Stuebenger

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

14. Maiden name Anna Barbara Kishot

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

16. (a) Informant Emile Ochs

(b) Address Perryville Mo.

17. (a) Burial (b) Date thereof 7-22-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Longtown Mo.

18. (a) Signature of funeral director Young & Sons

(b) Address Perryville Mo.

19. (a) July 22-43 (b) Thos J Elder
(Date registered local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22nd
year 1943 hour 7 minute A.M.

21. I hereby certify that I attended the deceased from July 13th 1943 to July 22nd 1943
that I last saw him alive on July 18 1943
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Acute Coronary (Embolic) Disease

Due to Chronic Myocarditis

Due to Chronic Cholecystitis

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations 93d
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)
Means of injury _____

23. Signature Theodore Fischer (M. D. or other) M.D.

Address Altensburg, Mo. Date signed 7-22-43

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

MOTHER FATHER

1326

RECEIVED

District Health Officer No. 4
District File Number 843-259
Date Filed 8-11-43

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.....

Wallace Young

Licensed Embalmer No. 4027

P. O. Address Perryville, 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.