

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3324**

FILED FEB 9 1944

Registration District No. 164

Primary Registration District No. 5598

Registrar's No. 12

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

1. PLACE OF DEATH:

(a) County Johnson

(b) City or town Rural, Columbus Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: none /

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no (Specify whether)

In this community 50yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson

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

(d) Street No. Centerview, Mo. R. F. D.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country /

3. (a) PRINT FULL NAME August Fredrick Preuss

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary E. Preuss

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Feb. 7, 1863
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>11</u>	<u>14</u>	hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business

12. Name Fredrick Preuss.

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

14. Maiden name Unknown

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

16. (a) Informant Mary E. Preuss.

(b) Address Centerview, Mo.

17. (a) Burial (b) Date thereof 1-23-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Hill Cem

18. (a) Signature of funeral director Suzanne Phillips

(b) Address Warrensburg, Mo.

19. (a) Jan 25 1944 (b) Leola M. Williams
(If to received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 21
year 1944 hour 7 minute P.M.

21. I hereby certify that I attended the deceased from Jan 1
1944 to Jan 21 1944

that I last saw him alive on Jan 21 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Lymphatic Leukemia

Due to 74a

Due to

Other conditions Gen Arteriosclerosis
(Include pregnancy within 3 months of death)

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?
(Specify type of place) (e) Means of injury

23. Signature Kelly Rawlin (M. D. or other)
Address Falders Mo Date signed 1/24/44

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.....

R. Q. Phillips, Registered Apprentice No.....
working under my personal supervision.

Signed..... **R. Q. Phillips.**

Licensed Embalmer No..... **2320**

P. O. Address..... **Warrensburg, 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.