

FILED MAY 9 1944

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14358

State File No.

Registration District No. 52

Primary Registration District No. 5183

Registrar's No. 13

1. PLACE OF DEATH:

(a) County Cape Girardeau  
 (b) City or town Rural Byrd's Leap  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
2 miles east of Jackson, Mo.  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)  
 In this community 75 years  
years, months or days

3. (a) PRINT FULL NAME Wenzel Nitsch

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Sophia Nitsch 6. (c) Age of husband or wife if alive 70 years  
 7. Birth date of deceased Nov. 6, 1859  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	84	4	29	hr. _____ min.

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

10. Usual occupation Farmer

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

MOTHER FATHER { 12. Name Joseph Nitsch  
 { 13. Birthplace Austria Germany  
(City, town, or county) (State or foreign country)  
 { 14. Maiden name Unknown  
 { 15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant George Nitsch  
 (b) Address Jackson, Mo.

17. (a) Burial (b) Date thereof Apr. 8, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Russell Heights

18. (a) Signature of funeral director Wilson - Statler Sealough

(b) Address Jackson, Mo.

19. (a) 7-8-1944 (b) J. H. Kestner  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau  
 (c) City or town Rural 16  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 2 miles east of Jackson, Mo.  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5  
 year 1944 hour 10 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from March 20, 1944 to April 5, 1944  
 that I last saw him alive on April 4, 1944  
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction  
 Due to Chronic Nephritis Do not know

Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 131 R  
 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)  
 While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature J. H. Kestner (M. D. or other)? \_\_\_\_\_  
 Address Jackson, Mo. Date signed 4-8-44

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

6006

District Health Officer No. 4  
District File Number 544-3763  
Date Filed 5-8-44

**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 \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed Glenn Wilson

Licensed Embalmer No. 2828

P. O. Address Jackson, Missouri

**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.**