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FILED APR 20 1944

State File No.

Registration District No. 203

Primary Registration District No. 6236

Registrar's No. 8

1. PLACE OF DEATH:

(a) County. Wagon
(b) City or town. Rural "R-F-Z" Charrette, Mo.
(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 1 yr years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Mo (b) County. Osage⁷⁶
(c) City or town. Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country. _____

3. (a) PRINT FULL NAME John Ocheskey
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11th
year 1944 hour 1 minute 30 a.m.
21. I hereby certify that I attended the deceased from Jan
1943 to March 11 1944
that I last saw him alive on March 10 1944
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or Race W 6. (a) Single, widowed, married 2 divorced widowed
6. (b) Name of husband or wife Lena Ocheskey 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased. Aug 30 1862
(Month) (Day) (Year)

Immediate cause of death. Chr. Myocarditis
Due to Arteriosclerosis & hypertrophy of old age
Other conditions. (Include pregnancy within 3 months of death)
Major findings: Of operations _____
Of autopsy _____

8. AGE: Years 81 Months 7 Days 9 If less than one day _____ hr. _____ min.

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

10. Usual occupation farming

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown
13. Birthplace _____
14. Maiden name Unknown
15. Birthplace _____

PHYSICIAN
Underline the cause to which death should be charged statistically.
930

16. (a) Informant. Mrs Herman Beuke

(b) Address. Northville, Mo

17. (a) removal (b) Date thereof. 3-11-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bayless Creek Cemetery

18. (a) Signature of funeral director Vernon Norton
(b) Address. Linn, Mo

19. (a) Mar 11 1944 (b) Echel Kehr
(Date received local registrar) (Registrar's signature)

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 H. C. Johnson (M. D. or other)
Address Northville Mo Date signed 3/11/44

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

RECEIVED

District Health Officer No. 9,

District File Number _____

Date Filed 4-18-44

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 _____

Vernon Morton

Licensed Embalmer No. _____

4125

P. O. Address _____

Lima, 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.