

24469

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED AUG 8 1944
Registration District No. 00

Primary Registration District No. 5207

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Cole Moreau Twp.

(b) City or town Lohman, Rural 3mi. south
(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 1
(Specify whether _____)

In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cole

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

(d) Street No. 3 mile South
(If rural, give location)

(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME Louise Wilhelmina Kaytsch

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Jahn 6. (c) Age of husband or wife if alive 90 years

7. Birth date of deceased Nov. 30th, 1860
(Month) (Day) (Year)

8. AGE: Years 83 Months 7 Days 5 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmers house wife

11. Industry or business _____

MOTHER FATHER { 12. Name Adam Blochburger

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

14. Maiden name Annie Kulligunda Schmidt

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

16. (a) Informant Mrs. Otto Lincenbarat

(b) Address Bohman Mo.

17. (a) July 7, 1944 (b) Date thereof July 7, 44
(Month) (Day) (Year) (Month) (Day) (Year)

(c) Place of burial or cremation Stringtown Cem.

18. (a) Signature of funeral director [Signature]

(b) Address Russellville, Mo.

19. (a) July 7, 44 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5th
year 1944 hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased from November 15, 1943 to June 30, 1944; that I last saw him alive on June 30, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocardial Insufficiency

Due to Chronic Blomby's nephritis

Other conditions 12/1/44
(Include pregnancy within 3 months of death)

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 E. M. Eberhart (M. D. or other) Do

Address Russellville, Mo. Date signed 7/2/44

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

26
00

U. S. No. 2
4-11-10-39
5-17-39
I X21492

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 8-4-44

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.....

Walter S. Schubert

Licensed Embalmer No.....

2820

P. O. Address.....

Russellville 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, above space should be left blank.