

S. No. 2  
OM-2-43  
v. 5-17-39  
I X35897

24809

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED AUG 10 1944

Registration District No. 143

Primary Registration District No. 4232

Registrar's No. 10

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

76  
20

1. PLACE OF DEATH:

(a) County Howell

(b) City or town Willow Springs  
(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) i

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community 50 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell 46

(c) City or town Willow Springs 2  
(If outside city or town limits, write "RURAL") 0

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_ 0

3. (a) PRINT FULL NAME Rosa Augusta Sass

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20  
year 1944 hour 11:00 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from July 15, 1936, to 7-20, 1944  
that I last saw h. or alive on 7-19, 1944  
and that death occurred on the date and hour stated above.

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

(b) Name of husband or wife Christian Sass 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased November 10, 1875  
(Month) (Day) (Year)

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Coronary Thrombosis 8 hrs.

Due to Arteriosclerosis 5 yrs.

Due to \_\_\_\_\_

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

8. AGE: Years Months Days If less than one day

68	8	10	hr. _____ min.
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9. Birthplace 5 Switzerland  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife & Mother

Major findings: \_\_\_\_\_ PHYSICIAN \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER { 12. Name John Schenkel

13. Birthplace 5 Switzerland  
(City, town, or county) (State or foreign country)

14. Maiden name Rosa A. Kuhn

15. Birthplace 5 Switzerland  
(City, town, or county) (State or foreign country)

16. (a) Informant Mable Austin

(b) Address Willow Springs, Mo.

17. (a) burial (b) Date thereof 7/24/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Willow Springs cemetery

18. (a) Signature of funeral director J. Burns

(b) Address Willow Springs, Mo.

19. (a) 7-24-44 (b) Nanette Ferguson  
(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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address Willow Springs, Mo. Date signed 7/24/44

345

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 5

District File Number

Date Filed

844432  
8-44

APR 15 1945

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

*J.C. Burns*

Licensed Embalmer No. 3397

P. O. Address Willow Springs, 7

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.