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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 7, 1944

Registration District No. 7 8

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5437

State File No. 27695

Registrar's No. 98

1. PLACE OF DEATH:

(a) County: Gasconade

(b) City or town: Rural - Bourbois Twp.
(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 ..... (Specify whether years, months or days)
In this community: 45 years.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Gasconade

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

(d) Street No.: Bland Route 1
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country: /

3. (a) PRINT FULL NAME: Jacob Michel

3. (b) If veteran, name war: ✓

3. (c) Social Security No.: ✓

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Emma Krause Michel

6. (c) Age of husband or wife if alive: 70 years

7. Birth date of deceased: March (Month) 23 (Day) 1870 (Year)

8. AGE: Years 74 Months 4 Days 14 If less than one day: - hr. - min.

9. Birthplace: Swiss (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Farming.

11. Industry or business:

MOTHER FATHER

12. Name: John Michel

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

14. Maiden name: Margaret Meyer

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

16. (a) Informant: Margarit Michel

(b) Address: St. Louis, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug. 9, 1944 (Month) (Day) (Year)

(c) Place: burial or cremation: Bland Union Cemetery

18. (a) Signature of funeral director: Miford W. Winter

(b) Address: Owensville, Mo.

19. (a) August 9, 1944 (Date received local registrar) (b) Myrtle M. Wenkel (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 7 year 1944 hour 1 minute 50 A.M.

21. I hereby certify that I attended the deceased from May 10, 1944, to Aug. 7, 1944, that I last saw him alive on Aug. 7, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Prepyloric Obstruction - Malignant - Metastases	About 1 yr.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Advanced Arteriosclerosis	5 yrs.

Major findings:
Of operations: None
Of autopsy: None

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: Paul A. Bennett (M. D. or other)

Address: Owensville, Mo. Date signed: 8-7-44

1287

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,

District File Number.....

Date Filed 9-6-44

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 Me

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Milford H. H. Winter

Licensed Embalmer No. 3838

P. O. Address Owensville 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.