

FILED AUG 23 1944

Registration District No. 359

Primary Registration District No. 6222

Registrar's No. 17

1. PLACE OF DEATH:

(a) County Vernon  
(b) City or town Meramec Rural  
(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)  
In this community 65 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri County Vernon <sup>108</sup>  
(c) City or town Meramec - Rural <sup>3</sup>  
(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 Henry Herman Mische

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

4. Sex M Color of hair Blk  
5. Color of eyes Blk  
6. (a) Single, widowed, married, divorced

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

7. Birth date of deceased: September 29 1869  
(Month) (Day) (Year)

8. AGE: Years 74 Months 10 Days 2  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation: Farming

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

12. Name: Henry Herman Mische

13. Birthplace: Not known German  
(City, town, or county) (State or foreign country)

14. Maiden name: Not known

15. Birthplace: Not known German  
(City, town, or county) (State or foreign country)

16. (a) Informant: Robert Mische  
(b) Address: Meramec, Mo. Rd. 1

17. (a) Burial (b) Date thereof: Aug 3 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation: Bishop Cemetery

18. (a) Signature of funeral director: Ferry Funeral Home  
(b) Address: Meramec, Mo.

19. (a) 8-6-1944 (b) B. J. Mische  
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 1  
year 1944 hour 9 minute 20 A.M.

21. I hereby certify that I attended the deceased from June 15, 1944 to Aug 1, 1944  
that I last saw him alive on Aug 1, 1944  
and that death occurred on the date and hour stated above

Immediate cause of death: Tuberculosis with its complications  
Duration \_\_\_\_\_

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

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

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

Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_

Of autopsy: No

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: How. J. Mische (M. D. or other) \_\_\_\_\_

Address: Meramec, Mo. Date signed \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

02  
C  
C

*[Faint handwritten notes and scribbles]*

RECEIVED  
District Health Officer No. 7,  
District File Number 7-44-967  
Date Filed 8-14-94

**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 L B Feun  
Licensed Embalmer No. 9760  
P. O. Address Merode, Pa

**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.