No. 2
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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13230

FILED APR 26 1945

Registration District No. 1 Primary Registration District No. 5304 Registrar's No. 80

1. PLACE OF DEATH:
(a) County Cole Osage Twp.
(b) City or town Rural R7D4 (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Nearer Osage Bend
(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 74 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cole
(c) City or town Rural Jefferson City Mo. (If outside city or town limits, write "RURAL")
(d) Street No. Nearer Osage Bend R.F.D. #4 (If rural, give location)
(e) Citizen of foreign country? [redacted] (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Albert Veit
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary
6. (c) Age of husband or wife if alive 79 years
7. Birth date of deceased Sept 10, 1863 (Month) (Day) (Year)

8. AGE: Years 81 Months 7 Days 4 If less than one day hr. min.

9. Birthplace Hanover Germany (City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business

MOTHER FATHER
12. Name Joseph Veit
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Frances Schultz
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Albert Veit
(b) Address Jefferson City, Mo. RFD #4
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/16/45 (Month) (Day) (Year)
(c) Place: burial or cremation Osage Bend Cemetery
18. (a) Signature of funeral director Victor Bussacher
(b) Address Jefferson City, Mo.
19. (a) 4-18-45 (Date received local registrar) (b) Norma Richter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14th year 1945 hour 2:30 minute a. M.
21. I hereby certify that I attended the deceased from Jan. 4, 1943, to April, 1945; that I last saw him alive on April 13, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hypostatic Pneumonia	
Due to: Senility	
Due to:	
Other conditions (Include pregnancy within 3 months of death): acute arthritis	
Major findings: Of operations: Great x Ray	
Of autopsy:	

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 C. Ossman (M. D. or other) M.D.
Address Jefferson City, Mo. Date signed 4/14/45

894 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 4-25-45

MAY 17 1945

MAY 19 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 Victor Buescher

Licensed Embalmer No. 3701

P. O. Address Jefferson City, 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.