

FILED JUL 26 1945

Registration District No. **363**

Primary Registration District No. **5647**

Registrar's No. **87**

1. PLACE OF DEATH:

(a) County **Lawrence**
(b) City or town **Freistadt Rural**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Rural**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **49 yrs**
years, months or days

3. (a) PRINT FULL NAME **GUSPAV OSPERO H**

3. (b) If veteran, name war **none** 3. (c) Social Security No. **none**

4. Sex **MO** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **1**
6. (b) Name of husband or wife **Ida Osterloh** 6. (c) Age of husband or wife if alive **48** years
7. Birth date of deceased **Aug 5 1895**
(Month) (Day) (Year)

8. AGE: Years **49** Months **11** Days **8** If less than one day
hr. min.

9. Birthplace **Freistadt** (City, town, or county) (State or foreign country) **G**

10. Usual occupation **Farmer**

11. Industry or business **Farming**

12. Name **Fred. Osterloh**
13. Birthplace **Germany** (City, town, or county) (State or foreign country) **4**
14. Maiden name **Charlotte Hatalenberg**
15. Birthplace **Germany** (City, town, or county) (State or foreign country) **4**

16. (a) Informant **Martin Osterloh**
(b) Address **Mt Vernon, Mo. R3**

17. (a) **Judy Burd** (b) Date thereof **7-15-45**
(burial, cremation or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Freistadt Cemetery**

18. (a) Signature of funeral director **Fossetta**
(b) Address **Mt Vernon Mo**

19. (a) **7/18/45** (b) **audy crumford**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **Lawrence**
(c) City or town **Freistadt Rural**
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **13**
year **1945** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from **Jan 5-45**
to **July 13 1945**
that I last saw him alive on **July 13 1945**
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of stomach** Duration **7 mo**

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)
PA Halmer

Major findings: Of operations **46 H**

Of autopsy _____

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 **PA Halmer** (M. D. or other)
Address **Mt Vernon Mo** Date signed **7-16-45**

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

55
00

RECEIVED

District Health Officer No. 6;

District File Number 745-782

Date Filed JUL 21 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: H. W. Fossett

Licensed Embalmer No. 2201

P. O. Address Int. Vernon 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.