S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 7 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27744

Registration District No. 171 Primary Registration District No. 4267 Registrar's No. 43

1. PLACE OF DEATH:
(a) County Lafayette
(b) City or town Odessa (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 Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lafayette 54
(c) City or town Odessa (If outside city or town limits, write "RURAL") 4
(d) Street No. (If rural, give location) 0
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Charles T. Deisher
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M 0
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Gertrude Deisher
6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased March (Month) 7 (Day) 1891 (Year)

8. AGE: Years 54 Months 5 Days 16 If less than one day hr. min.

9. Birthplace Odessa, (City, town, or county) Mo. 6 (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
MOTHER FATHER
12. Name James Deisher
13. Birthplace Roanoak, (City, town, or county) Va. 1 (State or foreign country)
14. Maiden name Rubena Triplett
15. Birthplace (City, town, or county) Mo. 6 (State or foreign country)
16. (a) Informant Mrs. Gertrude Deisher
(b) Address Odessa, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 24, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Odessa, Mo.
18. (a) Signature of funeral director Husman-Sparks
(b) Address Odessa, Mo.
19. (a) Aug-30-1945 (Date received local registrar) (b) Mrs W. L. Baker (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 23 year 1945 hour 3 minute A.M.
21. I hereby certify that I attended the deceased from Jan 1945 to Aug 23 1945, that I last saw him alive on Aug 22 1945, and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma colon
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations Carcinoma Of autopsy no autopsy

Duration

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) no
(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 0
23. Signature (M. D. or other)
Address Odessa Mo Date signed Aug 23 1945

1157 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 9-6-45

SEP 20 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. 385, working under my personal supervision.

Signed Irving L. Huisman

Licensed Embalmer No. 75-41

P. O. Address Odessa Wis

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.