No. 2
8-43
17-39
X37823

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

FILED AUG 24 1945

State File No. 28115

Registration District No. 259 Primary Registration District No. 5883 Registrar's No.

1. PLACE OF DEATH:

(a) County Osage

(b) City or town Bonnettsmill (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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Osage 76

(c) City or town Bonnetts Mill (If outside city or town limits, write "RURAL")

(d) Street No. 0 (If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Otto Winhaus

3. (b) If veteran, name war

3. (c) Social Security No. none

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Ethel

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased April 6 1879 (Month) (Day) (Year)

8. AGE: Years 66 Months 4 Days 6 If less than one day hr. min.

9. Birthplace Berger (City, town, or county) mo. 0 (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business

FATHER
12. Name Wm Winhaus
13. Birthplace Germany (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Louisa Kleka
15. Birthplace Missouri (City, town, or county) 4 (State or foreign country)

16. (a) Informant Mrs. Edna C Rippstein
(b) Address Bonnets Mill Mo.

17. (a) (Burial, cremation, or removal) (b) Date thereof 8-17-45 (Month) (Day) (Year)
(c) Place: burial or cremation Morrison Mo

18. (a) Signature of funeral director Arnold Hummert
(b) Address Morrison Mo

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 12 year 1945 hour 5 minute 45 P M.

21. I hereby certify that I attended the deceased from 4-15-45, 19, to 8-3, 1945; that I last saw him alive on 8-3, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Generalized Carcinoma of pelvic & abdominal viscera	6 mo.
Due to Carcinoma of prostate	1½ yrs.
Due to —	
Other conditions — (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy —	

46m

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 R. E. Farnsworth (M. D. or other) DO.

Address Chamois Mo Date signed 8-12-45

1280 (Licensed Embalmer's Statement on Reverse Side)

JUL 28 1945

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 8-23-45

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 Otto T. Stocksick

Licensed Embalmer No. 1902

P. O. Address Chamois 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.

. No. 2B
M—3-45
I X43880

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. Sept

Registration District No. 259 Primary Registration District No. 5883 Registrar's No.

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Osage

(b) City or town Linn Fury Bonnetts Mill
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Otto Witthaus

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife

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

7. Birth date of deceased Apr. 6 (Month) 1 (Day) 1 (Year)

8. AGE: Years 66 Months 4 Days 6 If less than one day hr. min.

9. Birthplace (City, town, or county) MO (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) Sept 1-45 (Date received local registrar) (b) Mrs Louise Lock (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Aug Day 12 year 1945 hour minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations

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 (M. D. or other)

Address Date signed

1945
S-28115