. S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 15 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41155

Registration District No. 118 Primary Registration District No. 5439 Registrar's No. 147

1. PLACE OF DEATH:

(a) County Gasconade

(b) City or town Rural Canaan Twp.
(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 Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade 37

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

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

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

If yes, name country

3. (a) PRINT FULL NAME HENRY LOUIS PAASCH

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 1

6. (b) Name of husband or wife ✓

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

7. Birth date of deceased December (Month) 19 (Day) 1878 (Year)

8. AGE:

Years	Months	Days	If less than one day
66	11	24	✓ hr. ✓ min.

9. Birthplace Woollam (City, town, or county) Missouri 1 (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Charles Paasch
13. Birthplace ✓ (City, town, or county) Germany 1 (State or foreign country)

MOTHER
14. Maiden name Anna Sassmann
15. Birthplace ✓ (City, town, or county) America 1 (State or foreign country)

16. (a) Informant William Paasch
(b) Address Owensville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 (Month) 5 (Day) 1945 (Year)
(c) Place: burial or cremation Liberty Cemetery

18. (a) Signature of funeral director Milford W. Winter
(b) Address Owensville, Mo.

19. (a) Dec 7. 1945 (Date received local registrar) (b) Robert M Murray (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 3
year 1945 hour minute M.

21. I hereby certify that I attended the deceased from July 1944 to Dec 3 1945
that I last saw him alive on Dec 2 1945
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Thrombosis	1 wk
Due to Hypertension	
Due to Arterial Sclerosis	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

940

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 Charles A Schmidt (M. D. ~~or other~~)
Address Gerald Mo Date signed 12-6-5

1516

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 1-14-46

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 Milford H H Winter

Licensed Embalmer No. 3838

P. O. Address Owensville 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.