

No. 2  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5330  
Registrar's No. \_\_\_\_\_

Registration District No. 132 Primary Registration District No. 3021

1. PLACE OF DEATH:  
(a) County Greene  
(b) City or town Richman MO  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Paulhus Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 7 days  
In this community 60 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State MO. (b) County Harrison  
(c) City or town Richman City MO  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location) 1  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME GEORGE S. GUSEWELLE  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Jan. day 17  
year 1946 hour 1 a.m. minute \_\_\_\_\_ M.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Rose M. Gusewelle 6. (c) Age of husband or wife if alive 63 years  
7. Birth date of deceased March 24 1878  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 11, 1946, to Jan 18, 1946;  
that I last saw him alive on Jan 17, 1946;  
and that death occurred on the date and hour stated above.

Immediate cause of death: Acute General Peritonitis  
Duration about 1 week

8. AGE: Years 67 Months 10 Days 16 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Due to Probable rupture of ulcer somewhere along alimentary canal  
Due to \_\_\_\_\_

9. Birthplace Fraggle (City, town, or county) \_\_\_\_\_ (State or foreign country) 1

Other conditions 129  
(Include pregnancy within 3 months of death)

10. Usual occupation Carpenter

Major findings: General Peritonitis with a great deal of fluid in abdomen  
Of operations \_\_\_\_\_  
Of autopsy none  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

11. Industry or business Retired Farmer

12. Name John Gusewelle

13. Birthplace Germany (City, town or county) \_\_\_\_\_ (State or foreign country) 4

14. Maiden name unknown

15. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country) 9

16. (a) Informant Rose M. Gusewelle  
(b) Address Richman City, MO

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 20 1946  
(Month) (Day) (Year)  
(c) Place: burial or cremation Richman City, Missouri

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_

18. (a) Signature of funeral director W.D. Naines  
(b) Address Richman City, MO

(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) \_\_\_\_\_ (e) Means of injury D

19. (a) \_\_\_\_\_ (Date received local registrar) (b) Jene Law (Registrar's signature)

23. Signature G. H. Muller (M. D. or other) \_\_\_\_\_  
Address Trouton, MO Date signed \_\_\_\_\_

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

DISTRICT HEALTH OFFICE  
Cameron, Mo.

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.....

*W. D. Heines*

Registered Apprentice No.....

working under my personal supervision.

Signed *W. D. Heines*

Licensed Embalmer No. *942*

P. O. Address *Gilman 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.