No. 2
1—2-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16266

FILED JUN 11 1946

Registration District No. 118 Primary Registration District No. 5441 Registrar's No. 16

1. PLACE OF DEATH:

(a) County Gasconade
(b) City or town Rural Third Creek 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
In this community Lifetime (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Owensville Route 0
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MINNIE DRUSCH

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Theodore Drusch 6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased March (Month) 28 (Day) 1869 (Year)

8. AGE: Years 77 Months 1 Days 18 If less than one day ___ hr. ___ min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Henry Schaffenkaetar

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

14. Maiden name Mary Asselmeyer

15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant John Drusch
(b) Address Bend, Mo. Route

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 19 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Third Creek Baptist Cem

18. (a) Signature of funeral director Milford N. H. Winter
(b) Address Owensville Mo.

19. (a) 6-7-46 (Date received local registrar) (b) Dorothy Hackman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16 year 1946 hour 3 minute 30 A.M.

21. I hereby certify that I attended the deceased from March 4, 1946, to May 16, 1946, that I last saw h.. alive on May 14, 1946, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypostatic Pneumonia - both bases	3 dys.
Due to Cardiac Decompensation	2 mos.
Due to	
Other conditions Arteriosclerosis (Include pregnancy within 3 months of death)	5 yrs.

Major findings:
Of operations None
Of autopsy None

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 Paul A. Brunot (M. D. or other) M.D.
Address Owensville, Mo. Date signed 5-18-46

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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 9,

District File Number.....

Date Filed 6-10-46

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 N. H. Winter

Licensed Embalmer No. 3838

P. O. Address Owensville Ind

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.