

FILED JAN 13 1947

Registration District No. 2

Primary Registration District No. 3003

Registrar's No. 98

1. PLACE OF DEATH:

(a) County Barry
(b) City or town Monett
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Vincent
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 weeks
(Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME Herman Osterloh

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced 1
6. (b) Name of husband or wife Bertha Osterloh 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 12 21 1892
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>53</u>	<u>11</u>	<u>20</u>	hr. _____ min.

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

10. Usual occupation farmer

11. Industry or business _____

MOTHER FATHER
12. Name Ernst Osterloh
13. Birthplace Germany A
(City, town, or county) (State or foreign country)
14. Maiden name Karina Meyer
15. Birthplace Washington Ill. I
(City, town, or county) (State or foreign country)

16. (a) Informant Alex Osterloh

(b) Address Monett Mo

17. (a) Burial (b) Date thereof Dec 16 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Freiburg, Mo

18. (a) Signature of funeral director H. D. Forest

(b) Address Monett, Mo.

19. (a) 12-26-46 (b) W. M. West
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Lamar
(c) City or town Freiburg Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 1
(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 13
year 1946 hour 8 minute 8 A.M.

21. I hereby certify that I attended the deceased from March, 1946, to Dec 13, 1946
that I last saw him alive on Dec 13, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary embolus 2 min.
Due to Post-operative appendicitis
Due to _____

Other conditions (Include pregnancy within 3 months of death) 71

Major findings: Post-operative appendicitis
etc.
Of autopsy not done

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? _____

While at work? _____ (Specify type of place) (e) Means of injury 1

23. Signature Robert O. Kelly (M. D. or other) MD
Address 73 1/2 Broadway Monett Mo Date signed Dec 19 1946

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED
District Health Officer No. 8;
District File Number 147-22
Date Filed JAN 8 1947

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.....

By me....., Registered Apprentice No.....
working under my personal supervision.

Signed Max L Fossett.....

Licensed Embalmer No. 4252.....

P. O. Address McKernan, 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, above space should be left blank.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. Jan 98
Registrar's No. 98

Registration District No. 13

Primary Registration District No. 3003

1. PLACE OF DEATH:

(a) County Bany Missouri
(b) City or town Bany Missouri
(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 _____ (Specify whether _____)
years, months or days

3. (a) PRINT FULL NAME

Herman Osterloh

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 Dec 2 (Month) (Day) (Year)

8. AGE: Years 53 Months _____ Days _____ If less than one day hr. _____ min. _____

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

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

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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ Day _____ Year 1943 hour _____ minute _____ M.

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

Immediate cause of death _____ Duration _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

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

MOTHER FATHER

SUPPLEMENTARY

39548