

FILED JAN 14 1947

Registration District No. 280

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41640

Primary Registration District No. 4423

Registrar's No. 42

1. PLACE OF DEATH:

(a) County Platte

(b) City or town Weston
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no none
(Specify whether years, months or days)

In this community entire life
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Platte 83

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

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

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

If yes, name country _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Charles Alexander Ohlhausen

3. (b) If veteran, name war XX

3. (c) Social Security No. XX

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife XX

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

7. Birth date of deceased Nov. 21 1862
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>84</u>	<u>0</u>	<u>13</u>	hr. _____ min. _____

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

10. Usual occupation Retired Miller

11. Industry or business _____

MOTHER FATHER

12. Name William Ohlhausen

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

14. Maiden name Harriett Johnson

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

16. (a) Informant Marie Ohlhausen

(b) Address Weston Mo.

17. (a) Burial (b) Date thereof Dec. 10-16
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Laural Hill Co.

18. (a) Signature of funeral director Vaughn Funeral Home

(b) Address Weston, Mo.

19. (a) Per 17-46 (b) Mrs. Ophelia Rollins
(Date received by registrar) (Registrar's signature)

20. DATE OF DEATH: Month Dec day 8
year 1946 hour 3 AM minute _____ M.

21. I hereby certify that I attended the deceased from June 19 1944 to Dec. 8 1946
that I last saw him alive on Dec. 7 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Starvation & cachexia due to carcinoma of larynx and trachea. Unable to swallow

Due to XXXX

Duration 2 1/2 yrs

Due to XXXX

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

Major findings: None. Extensive X Ray treatments

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) XXX

(b) Date of occurrence XXX

(c) Where did injury occur? XXX
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? XXX

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

23. Signature Lewis C. Colvick (M. D. or other) _____
Address Weston Missouri Date signed 12/14/46

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.....

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

Signed W. R. Daugh

Licensed Embalmer No. 2023

P. O. Address Weston, 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.