. S. No. 2
M—1/47
ev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 15 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18997

Registration District No. 80 — Primary Registration District No. 8307 — Registrar's No. 11

26
0
0

1. PLACE OF DEATH:

(a) County: Cole

(b) City or town: Lohman Mo. (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 ..... years, months or days) Life

2. USUAL RESIDENCE OF DECEASED: 26

(a) State: Mo (b) County: Cole

(c) City or town: Lohman Mo. (If outside city or town limits, write "RURAL") 0

(d) Street No. ..... (If rural, give location) 0

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

If yes, name country .....

3. (a) PRINT FULL NAME: John Kautsch

3. (b) If veteran, name war: no

3. (c) Social Security No.: no

4. Sex: m d

5. Color or race: W

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

6. (b) Name of husband or wife .....

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

7. Birth date of deceased: Oct (Month) 12 (Day) 1854 (Year)

8. AGE: Years 94 Months 8 Days 13 If less than one day ..... hr. ..... min.

9. Birthplace: Stringtown Cole Co. (City, town, or county) (State or foreign country) C

10. Usual occupation: Farmer

11. Industry or business .....

FATHER
12. Name: Andrew Kautsch 4
13. Birthplace: Germany (City, town, or county) (State or foreign country) /

MOTHER
14. Maiden name: Margaret Hedrick /
15. Birthplace: Germany (City, town, or county) (State or foreign country) /

16. (a) Informant: Mrs. Otto Linsenbardt

(b) Address: Lohman Mo.

17. (a) ..... (Burial, cremation, or removal) (b) Date thereof: 6/25/48 (Month) (Day) (Year)

(c) Place: burial or cremation: Stringtown, Mo.

18. (a) Signature of funeral director: Hugo H. Schuchert

(b) Address: Russellville, Mo.

19. (a) June 27 (Date received local registrar) (b) Mrs. Minnie Hittenmeyer (Registrar's signature) 70

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25 year 1948 hour 8 P/M minute ..... M.

21. I hereby certify that I attended the deceased from March 22nd, 1948, to June 25, 1948, that I last saw him alive on July 25, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Malignant Hypertension	3 yrs
Due to: Arteriosclerosis	Indef
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy .....

97

PHYSICIAN — Underline the cause of 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) 2

While at work? ..... (e) Means of injury .....

23. Signature: E. M. Eberle (M. D. or other) D.O.

Address: Russellville Date signed: 6/25/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number JUL 14 1948
Date Filed

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. 2820, working under my personal supervision.

Signed Hugo H Schubert

Licensed Embalmer No. 2820

P. O. Address Russellville, 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.