

No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

14435

State File No. _____

Registrar's No. 99

Registration District No. 347-14

Primary Registration District No. 4211

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Windsor
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 804 N. Commercial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 weeks
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Oswald C. Gimler

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

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

6. (b) Name of husband or wife Clara Gimler 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept. 27, 1867
(Month) (Day) (Year)

8. AGE: Years 74 Months 6 Days 14 If less than one day hr. _____ min.

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

10. Usual occupation Farming

11. Industry or business _____

12. Name unknown

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

14. Maiden name UNKNOWN

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

16. (a) Informant Warren Beck

(b) Address Windsor, Missouri

17. (a) Burial (b) Date thereof 4-12-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Windsor, Missouri

18. (a) Signature of funeral director Huston-Turner

(b) Address Windsor, Missouri

19. (a) April 15, 1942 Georgia Kitchen
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry
(c) City or town Windsor
(If outside city or town limits, write "RURAL")
(d) Street No. 108 Chismen St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 54 years years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11 year 1942 hour 5:50 a m minute _____ M.

21. I hereby certify that I attended the deceased from Nov 27, 1941, to April 11, 1942, and that death occurred on the date and hour stated above.

that I last saw him alive on April 10, 1942
Immedie cause of death Pneumonia

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 922

Major findings: Of operations _____

Of autopsy _____

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 [Signature] (M. D. or other) _____
Address [Address] Date signed 4-14

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

12
20

RECEIVED

District Health Officer No. 7,

District File Number 5-42-45-6

Date Filed 5-6-42,

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

E. W. H. Hester

Licensed Embalmer No.

3391

P. O. Address

Windsor, 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.