

FILED MAY 13 1942

Registration District No. 347

Primary Registration District No. 4211

Registrar's No. 105

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Windsor Town
(c) Name of hospital or institution: 206 S. Smith /
(d) Length of stay: In hospital or institution 27 years
In this community 27 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry
(c) City or town Windsor
(d) Street No. 206 S. Smith St.
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Clarence Elmer Oechsli

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

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

6. (b) Name of husband or wife Myrtle Mullen Oechsli 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased August 10, 1881

8. AGE: Years Months Days If less than one day
60 8 9 hr. min.

9. Birthplace Benton County Missouri

10. Usual occupation Groceryman

11. Industry or business

12. Name Frank S. Oechsli

13. Birthplace Sedalia Missouri

14. Maiden name Emma Wesley

15. Birthplace Philadelphia Ohio

16. (a) Informant Clifford Oechsli

(b) Address Windsor, Missouri

17. (a) Burial (b) Date thereof 4-21-42

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

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

(b) Address Windsor, Missouri

19. (a) April 25, 1942 (b) Georgia Kitchen

(c) Date received local registrar (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19 year 1942 hour 4:45 p m minute M.

21. I hereby certify that I attended the deceased from 2/21 1942 to 4/19 1942 that I last saw him alive on 2/19 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Prostatic hypertrophy

Due to Prostatic hypertrophy

Due to

Other conditions none

Major findings: Of operations none

Of autopsy none

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?

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

23. Signature Ray B. Jordan (M. D. or other)

Address Wildcat mo Date signed 4/22/42

Duration 2 yrs 5 mos
PHYSICIAN Underline the cause to which death should be charged statistically.

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

220

RECEIVED

District Health Officer No. 7,

District File Number 5-4-2-450

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. C. Hunter

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.