

No. 2
5-42
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28343

State File No.

SEP 9 1943
Registration District No.

Primary Registration District No. 3023

Registrar's No. 161

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Clinton mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Welzel Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 hours
(Specify whether

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry
(c) City or town Clinton mo
(If outside city or town limits, write "RURAL")
(d) Street No. South Orchard
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

In this community
years, months of days

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 5
year 43 hour 2 minute 45 P.M.
21. I hereby certify that I attended the deceased from
..... 19..... to..... 19.....

3. (a) PRIME FULL NAME Infant son of Mrs. Johnnie Datswiler
RONALD DEAN F. Johnnie Datswiler
3. (b) If veteran, name war 3. (c) Social Security No.

that I last saw him alive on 8.5.12 A.M. 1943;
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased Aug 4 1943
(Month) (Day) (Year)

Immediate cause of death Enlarged Thymus - small rounded base
Due to.....
Due to.....

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

Other conditions.....
(Include pregnancy within 3 months of death)
Major findings:
Of operations.....
Of autopsy.....

9. Birthplace Clinton mo
(City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER { 12. Name Johnnie Datswiler
13. Birthplace Henry mo
(City, town or county) (State or foreign country)
14. Maiden name William Pierce
15. Birthplace Henry mo
(City, town, or county) (State or foreign country)

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.....

16. (a) Informant Mrs. William Datswiler
(b) Address Clinton mo
17. (a) Burial (b) Date thereof 9-7-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Englewood Mausoleum

18. (a) Signature of funeral director Bozasalus & Ben
(b) Address Clinton mo
19. (c) August 7 1943 (b) Georgia Kitchen
(Date received local registrar) (Registrar's signature)

23. Signature Geo. J. ... (Name or other)
Address Clinton mo Date signed 8/5

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 7, 4-21-894
Number 8-43-1-894
9-3-43

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.....

Licensed Embalmer No.....

P. O. Address.....

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.