V 20 1928

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.
32795

1. PLACE OF DEATH
County: Buchanan — Registration District No.: 85
Township: — Primary Registration District No.:
City: St. Joseph, (No. Missouri Methodist Hosp. St. Ward)

File No.:
Registered No. 1191

2. FULL NAME: John Wesley Ohlhausen

(a) Residence. No. St., Ward. Weston, Mo.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 17, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	6	0	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired Miller.
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Weston, Mo.

PARENTS
10. NAME OF FATHER: William Ohlhausen
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): New Market, Mo.
12. MAIDEN NAME OF MOTHER: Harriet Johnson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): London, England

14. INFORMANT: William Ohlhausen
(Address): Weston, Mo.

15. FILED 10/17, 1928 John G. [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 17, 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct. 17, 1928, to Oct. 17, 1928 that I last saw him alive on Oct. 17, 19..., and that death occurred, on the date stated above, at 9.00 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Intestinal Obstruction 123.1
Mesenteric Thrombus and 9
Gangrene of Small Intestine
(duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY) Volvulus of Entire Small Intestine. Onset of Symptoms
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Weston, Mo.
DID AN OPERATION PRECEDE DEATH? Yes DATE OF Oct. 17-28
Enterostomy + drainage
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Operation
(Signed) Carl Potter, M. D.
Oct. 18, 1928 (Address) 731 Faraon St. St. Joseph, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Weston, Missouri
DATE OF BURIAL: Oct. 19, 1928

20. UNDERTAKER: Walter Meinhoffer
ADDRESS: 1302 Faraon St.