

1939 JUL 13 1939

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

21939
Do not use this space.

1. PLACE OF DEATH

(a) County Camden Registration District No. 232
 (b) Township North Primary Registration District No. 35-16 Registered No.
 (c) City (d) Street No.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 513 Frances Compton St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 30, 1857
 7. AGE YEARS 81 MONTHS 7 DAYS 1 IF LESS THAN 1 day, hrs. or min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Haus. Reper
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

FATHER 13. NAME Anton Nuss

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME unknown

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT Mrs. Edie Wilson
 (ADDRESS) 1731 Harrison Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Coston's Cemetery DATE 6/3- 1939

19. FUNERAL DIRECTOR R. J. Douglas
 (ADDRESS) Steelville Mo

20. FILED June 24, 1939 J. E. Sanders
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/1- 1939
 22. I HEREBY CERTIFY, That I attended deceased from May 26, 1939, to May 31, 1939.
 I last saw him alive on May 31, 1939. Death is said to have occurred on the date stated above, at 4 P. m.
 The principal cause of death and related causes of importance were as follows:

Cardio Vasculo Renal Disease
 Date of onset about 1938
 Other contributory causes of importance: 1/31
 Name of operation None Date of
 What test confirmed diagnosis? Chinich Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify
 (Signed) P. J. Louch, M. D.
 (Address) Osaka Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

11 X12004

STATEMENT BY LICENSED EMBALMER

I, L. J. Janas, Licensed Embalmer No. 2379
hereby certify that the body recorded on the reverse side of this certificate was embalmed by L. J. Janas
L. E. No. _____
No. _____ or by _____, Registered Apprentice No. 2379
working under my personal supervision.
Signed L. J. Janas
Licensed Embalmer No. _____

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.)