

Registration District No. 70 3

Primary Registration District No. 4424

Registrar's No. _____

JUL 17 1940
70 3

1. PLACE OF DEATH:

(a) County Polk
(b) City or town Humansville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Polk
(c) City or town Humansville
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? 82 years.

3. (a) PRINT FULL NAME Barbara Moore

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

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

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

7. Birth date of deceased: March 7 1854
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
86 2 29 hr. _____ min.

9. Birthplace Provincetown Ontario Canada
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Kristian Oesch

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

14. Maiden name Catherine Oesch

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

16. (a) Informant's own signature Ora M. Riek
(b) Address Humansville

17. (a) Burial (b) Date thereof June 9 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Humansville Cemetery

18. (a) Signature of funeral director Joseph F. ...
(b) Address Humansville MO

19. (a) June 14-40 (b) Ora M. Riek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6th
year 1940 hour 5 minute - P. M.

21. I hereby certify that I attended the deceased from June 6th, 1940, to June 6, 1940; that I last saw him alive on June 6, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy Duration 11 hr

Due to over exertion in taking spray bath
Due to _____

Other conditions old age
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically

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? no (Specify type of place) _____
(e) Means of injury _____

23. Signature A. J. Stuffer (M. D. or other) _____
Address Humansville MO Date signed 6-14-40

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.

RECEIVED
District Health Officer No. 7,
District File Number 7-40-1074
Date Filed 7-16-48

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 Ralph A. Joseph
Licensed Embalmer No. 3149
P. O. Address Assessorsville

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, above space should be left blank.