S. No. 2
—11-10-39
v. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42465

JAN 15 1941

Registration District No. 306 Primary Registration District No. 5424 Registrar's No. 16

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

1. PLACE OF DEATH:

(a) County GASCONADE

(b) ~~City or town~~ "RURAL" BOEUF TOWNSHIP
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: OWENSVILLE ROUTE 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution —
(Specify whether years, months or days)
In this community 84 YRS. 8 MO. 16 DA 2

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County GASCONADE

(c) City or town "RURAL"
(If outside city or town limits write "RURAL")

(d) Street No. OWENSVILLE ROUTE 1
(If rural, give location)

(e) If foreign born, how long in U. S. A.? — years.

3. (a) PRINT FULL NAME JOHN ROTSCHAFER

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife MARY ROTSCHAFER

6. (c) Age of husband or wife if alive DEAD years

7. Birth date of deceased APRIL (Month) 10 (Day) 1866 (Year)

8. AGE: Years 84 Months 8 Days 16 If less than one day ___ hr. ___ min.

9. Birthplace DRAKE (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation FARMING 0

11. Industry or business 6

FATHER
12. Name PHILLIP ROTSCHAFER 6
13. Birthplace — (City, town, or county) GERMANY (State or foreign country)

MOTHER
14. Maiden name LOUIESE GROTE
15. Birthplace — (City, town, or county) GERMANY (State or foreign country)

16. (a) Informant Miss Minnie Rotschafer
(b) Address Owensville Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12-30-1940 (Month) (Day) (Year)
(c) Place: burial or cremation PRESBYTARIAN CEM. DRAKE MO.

18. (a) Signature of funeral director W. F. Gottenstroeter
(b) Address Owensville Mo.

19. (a) 12-29-40 (Date received local registrar) (b) John Engelbrecht (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC. day 26 year 1940 hour 6 minute P. M.

21. I hereby certify that I attended the deceased from 12-26, 1940, to 12-26, 1940; that I last saw him alive on 12-27, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Locked bowels

Due to Cronic Constipation

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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? 277 (Specify type of place)

While at work? (e) Means of injury

23. Signature Edw Mellies (M. D. or other) 1

Address Owensville Mo Date signed 12-27-40

(Licensed Embalmer's Statement on Reverse Side)

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 Me

, Registered Apprentice No.

working under my personal supervision.

Signed Milford N. H. Winslow

Licensed Embalmer No. 3835

P. O. Address Owensville 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, above space should be left blank.