

FILED MAR 20 1944

State File No. _____

Registration District No. 256

Primary Registration District No. 5879

Registrar's No. _____

1. PLACE OF DEATH:
 (a) County Osage
 (b) City or town Chamois Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Bonifant Ferry
 (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 35 years

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Osage ⁷⁶
 (c) City or town Chamois Rural ²
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____ 0

3. (a) PRINT FULL NAME Hermann F. Soch
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Jan day 11
 year 1944 hour 4 minute 30 P.M.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Deceased 6. (c) Age of husband or wife if
 alive _____ years
 7. Birth date of deceased Dec 25 1869
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 2 1944 to Jan 11 1944
 that I last saw him alive on Jan 8 1944
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
74 0 16 16 hr. — min.

Immediate cause of death Pneumonia
 Duration 4 days

9. Birthplace Germany
 (City, town, or county) (State or foreign country)
 10. Usual occupation Retired

Due to _____
 Due to 10911
 Other conditions Senility
 (Include pregnancy within 3 months of death)

MOTHER FATHER
 11. Industry or business _____
 12. Name Gustav Soch
 13. Birthplace Germany
 (City, town, or county) (State or foreign country)
 14. Maiden name Christine Sware
 15. Birthplace Germany
 (City, town, or county) (State or foreign country)

Major findings:
 Of operations none
 Of autopsy none
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant A. A. Schmudde
 (b) Address Chamois Mo
 17. (a) burial (b) Date thereof Jan 13 1944
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Clear Creek Cemetery
 18. (a) Signature of funeral director Otto T. Stockach
 (b) Address Chamois Mo
 19. (a) Jan 13 1944 (b) Esther Souder
 (Date received local registrar) (Registrar's signature)

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 _____
 23. Signature Edw. Mansur (M. D. or other) _____
 Address Jefferson City Mo Date signed 1-12-44

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

006

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 3-17-44

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..... *Otto T. Stöckisch*.....

Licensed Embalmer No..... *1902*.....

P. O. Address..... *Chamois, 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, fact should be so stated above.