

FILED FEB 18 1948

Registration District No. \_\_\_\_\_

Primary Registration District No. 5436

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Gasconade  
 (b) City or town Rural Boulevard Two  
(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 years, months or days)  
 In this community 2 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade 37  
 (c) City or town Rural 0  
(If outside city or town limits, write "RURAL") 0  
 (d) Street No. Near Bay, Missouri 0  
(If rural, give location) 0  
 (e) Citizen of foreign country? NO (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Herman Albert Czeschin

3. (b) If veteran, name war \* 3. (c) Social Security No. \*\*

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife Rosalena Kottwitz (c) Age of husband or wife if alive 74 years  
 7. Birth date of deceased September 14 1866  
(Month) (Day) (Year)

8. AGE: Years 81 Months 3 Days 18 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Bland Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Ferdinand Czeschin  
 13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
 14. Maiden name Henrietta Garver  
 15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lena Pope  
 (b) Address Owensville, Mo.

17. (a) Burial (b) Date thereof 1-5-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bland Ev. Cemetery

18. (a) Signature of funeral director Michael H. Winter

(b) Address Owensville, Mo.

19. (a) 1/3/48 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 2  
 year 1948 hour 1 minute P.M.

21. I hereby certify that I attended the deceased from Dec. 30 1947 to Jan. 2 1948  
 that I last saw him alive on Jan. 1 1948  
 and that death occurred on the date and hour stated above.

Immediate cause of death Lt. hemiplegia due to hypertensioh  
 Duration 4 days

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Chronic Myocarditis 2 yrs.  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations — 93rd  
 Of autopsy —  
 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? 0

While at work? \_\_\_\_\_  
(Specify type of place) (e) Means of injury

23. Signature [Signature] (M. D. or other) MD  
 Address Owensville, Mo. Date signed 1-3-48

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

RECEIVED

Date: 2/13/48  
District:  
District Health Officer No. 9,  
RECEIVED

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

Harvey Kahle

, Registered Apprentice No. 9

working under my personal supervision.

Signed: W. F. Gottenstroeter

Licensed Embalmer No. 1444

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, fact should be so stated above.