No. 2
-1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 22 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 7940

Registration District No. 42 — Primary Registration District No. 1000 — Registrar's No. 334

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

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St. Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph's Hosp't. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 Month (Specify whether years, months or days)
In this community: 37 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan
(c) City or town: St. Joseph "Rural" (If outside city or town limits, write "RURAL")
(d) Street No.: R. F. D. # 2 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: *

3. (a) PRINT FULL NAME: Oscar Ludwig Textor
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: Married
6. (b) Name of husband or wife: Ica Josephine
6. (c) Age of husband or wife if alive: 66 years
7. Birth date of deceased: May (Month) 14 (Day) 1871 (Year)

8. AGE: Years 76, Months 9, Days 29; If less than one day ___ hr. ___ min.

9. Birthplace: Cassel (City, town, or county) Germany (State or foreign country)
10. Usual occupation: Owner of Airport Inn
11. Industry or business: None

FATHER
12. Name: Christian Textor
13. Birthplace: Unknown (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name: Hilda Enke
15. Birthplace: Unknown (City, town, or county) Germany (State or foreign country)

16. (a) Informant: Mrs Ica J. Textor
(b) Address: R. F. D. # 2, St. Joseph
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Mar. 16, 48 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Mora Cemetery
18. (a) Signature of funeral director: Herman Wm Sidenfaden
(b) Address: 1802 Union St. St. Joseph, Mo.
19. (a) 3-18-48 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 382

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13 year 1948 hour 11 minute 50 A.M.

21. I hereby certify that I attended the deceased from Jan 21, 1948, to March 13, 1948 that I last saw him alive on March 13, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocardial Insufficiency	unknown
Due to: Arteriosclerosis General	"
Due to: Hypertrophy of Prostate	"
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations: Resection of Prostate Dr. Chas. Gravenburg M.D.
Of autopsy: ✓

PHYSICIAN — Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury: ✓

23. Signature: Gustav A. Lau (M. D. or other) M.D.
Address: Kirkpatrick Bldg St Joseph Mo Date signed: 3/13/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

NOV 18 1948

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.....Robert L Yaple.....

Licensed Embalmer No. 3308

P. O. Address St Joseph, 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.