

0. 2
1. 45
7. 39
47070

RECORD BACK INK—MAKE A PERMANENT RECORD

FILED NOV 29 1948

Barger

35904

State File No.

Registration District No. 39

Primary Registration District No. 4093

Registrar's No. 207

1. PLACE OF DEATH

(a) County Cass Mo
(b) City or town East Lynne Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution —
(Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cass 19
(c) City or town East Lynne
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME BARBARA ELLEN Oesch

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife W J Oesch 6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased Jan 31 1883
(Month) (Day) (Year)

8. AGE: Years 65 Months 9 Days 11 If less than one day hr. min.

9. Birthplace Nichols Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business

MOTHER FATHER

12. Name Adam Hostettler
13. Birthplace Alsace Lorraine
(City, town, or county) (State or foreign country)
14. Maiden name Barbara Yoder
15. Birthplace Alsace Lorraine
(City, town, or county) (State or foreign country)

16. (a) Informant W. J. Oesch
(b) Address East Lynne Mo

17. (a) Burial (b) Date thereof Nov 14 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Clear Fork Cemetery

18. (a) Signature of funeral director A. G. Winters
(b) Address East Lynne Mo

19. (a) Nov 20 1948 (b) Anna J. Jones
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov, day 13
year 1948 hour 4 minute P. M.
21. I hereby certify that I attended the deceased from Nov 10
1948, to Nov 12 19 48
that I last saw her alive on Nov 10 19 48
and that death occurred on the date and hour stated above.

Immediate cause of death: CARCINOMA'S Duration 2 Mo.

Due to CARCINOMA Gall Bladder
Due to Liver

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations H&K
Of autopsy

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) NO
(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) (c) Means of injury

23. Signature A. B. Barger (M. D. or other) MD
Address Harmonville Mo Date signed 11/14/48

FEB 3 1950

FEB 3 1950

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 *A. O. Hartley*
Licensed Embalmer No. *2717*
P. O. Address *East Lynne*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.