

FEB 7 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

45325

1. PLACE OF DEATH

54 County Lafayette
Township Dover
City Corder (No. _____)

Registration District No. 460
Primary Registration District No. 5623
(No. 2)

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME Rosa L. Ehlert

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Fritz Ehlert</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 26 1871</u>		
7. AGE	YEARS <u>64</u>	MONTHS <u>11</u>
	DAYS <u>24</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housekeeper</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Rosebud Mo.</u>		
FATHER	13. NAME <u>C.G. Heuner</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Switzerland</u>	
	15. MAIDEN NAME <u>Louise Kottmeyer</u>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Rosebud Mo.</u>	
	17. INFORMANT (ADDRESS) <u>Fritz Ehlert Corder Mo.</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Rosebud Mo</u> DATE <u>Dec 23 1936</u>		
19. UNDERTAKER (ADDRESS) <u>Hofers Memorhagen Higginsville Mo.</u>		
20. FILED <u>12/27/36</u> <u>W.C. Welch Registrar</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 20 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 2 1936 to Dec 20 1936
I last saw him alive on Dec 15 1936 Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Date of onset _____
Chronic Myocarditis
Other contributory causes of importance _____
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____
Manner of injury fall
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) B.H. Brasher M. D.
(Address) Lepington Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

