

REC'D AUG 22 1939

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

26518
Do not use this space.

1. PLACE OF DEATH
 (a) County Shelby Registration District No. 677
 (b) Township Reed Primary Registration District No. 4403
 (c) City Reed (d) Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Emil Martin Erlacher
 (a) Residence, No. Reed mo St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND (OR) WIFE OF Sophie Erlacher

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 4, 1876

7. AGE YEARS 62 MONTHS 6 DAYS 1 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as a sawyer, bookkeeper, etc. Retd. Farmer
 9. Industry or business in which work was done, as 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) Baden Germany

FATHER 13. NAME Winnifred Erlacher
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Sophie Gerhart
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Emil Erlacher
 (ADDRESS) Reed mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Reed Cem DATE July 6, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Joe. F. Ayers
Reed mo

20. FILED July 6, 1939 Joe. F. Ayers
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 5, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1939 to July 5, 1939
 I last saw him alive on July 4, 1939. Death is said to have occurred on the date stated above, at 7:35 a.m.
 The principal cause of death and related causes of importance were as follows:
Sunshot wound to the temporal region (suicide)

Date of onset _____

Other contributory causes of importance: 167
Senility
Paralysis agitans

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 left inflicted 38 caliber
 Nature of injury gunshot wound

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) E. E. Ferrel M. D.
Reed mo (Address)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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RECEIVED

Public Health Office No. 5

8 39 34
8 10 38

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 Personnel
....., Registered Apprentice No.
working under my personal supervision.

Signed

S. L. Myers

Licensed Embalmer No.

3394

P. O. Address

Rolla 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, above space should be left blank.