

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

Rev. 5-17-39  
I X1951

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.

Registration District No. 59

Primary Registration District No. 5094

Registrar's No. 28

1. PLACE OF DEATH:

(a) County Benton  
 (b) City or town Mora Rural Williams Township  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 2  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_  
 years, months or days

3. (a) PRINT FULL NAME Mrs Pauline Oelrichs 462

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 John Oelrichs 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased December 19th 1888  
 (Month) (Day) (Year)

8. AGE: 50 Years	Months 10	Days 25	If less than one day hr. _____ min.
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9. Birthplace Benton County Missouri  
 (City, town, or county) (State or foreign country)

10. Usual occupation At Home

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

12. Name John Gieschen

18. Birthplace Benton County Missouri  
 (City, town, or county) (State or foreign country)

14. Maiden name Anna Oelrichs

15. Birthplace Benton County Missouri  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Hugo Gieschen

(b) Address Cole Camp, Mo

17. (a) Burial (b) Date thereof Nov 15 1939  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cole Camp Memorial

18. (a) Signature of funeral director E. B. Buckner

(b) Address Cole Camp Missouri

19. (a) Nov 17-1939 (b) Sure Selover  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Benton  
 (c) City or town Mora Rural  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 13  
 year 1939 hour 12:00 minute 15 P. M.

21. I hereby certify that I attended the deceased from November 10, 1939, to November 13, 1939;  
 that I last saw her alive on November 12, 1939;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Appoplexy, Cerebral Duration 3 days

Due to Hypertension 6 years

Due to Nephritis, Chronic interstitial 6 years

Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings: 121 Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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?

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

23. Signature Chas O'Boone (M. D. or other) \_\_\_\_\_

Address 113 1/2 24th, Sedalia Date signed 11/12/39

RECEIVED

District Health Officer No. 7,

District File Number 12-39-1699

Date Filed 12-12-39

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**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 E. F. Eickhoff

Licensed Embalmer No. 10.730

P. O. Address Cole Camp, 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.**