FILED DEC 11 1940

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

39901
Do not use this space.

1. PLACE OF DEATH
(a) County Schuyler — Registration District No. 802
(b) Township Fabius — Primary Registration District No. 6046 — Registered No. 75
(c) City ✓ — (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 Pearl Aubry
(a) Residence, No. Downing, Mo St. ☐
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.
4. COLOR OR RACE W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Divorced
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 1 1894
7. AGE YEARS 46 MONTHS 4 DAYS 28 If LESS than 1 day, ...hrs. or ......min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Housekeeper.
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) Schuyler Co. Mo.

FATHER
13. NAME George Elschlager
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fret. Ind

MOTHER
15. MAIDEN NAME Ella Figee
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT George Elschlager
(ADDRESS) Downing Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Downing DATE Nov 30 1940

19. FUNERAL DIRECTOR Loyd Moore
(ADDRESS) Downing Mo.

20. FILED Nov 30 1940 H. E. Gerwig
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 29 1940

22. I HEREBY CERTIFY, That I attended deceased from Nov 23 1940 to Nov 29 1940
I last saw her alive on Nov 29 1940 Death is said to have occurred on the date stated above, at 2 a.m.
The principal cause of death and related causes of importance were as follows: | Date of onset

Cancer of Bladder

55

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? Hospital Was there an autopsy? —

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 —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify
(Signed) H. E. Gerwig M. D.
(Address) Downing Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED
District Health Officer No. 10
District File Number 12-40-2198
Date Filed DEC 19 1940

STATEMENT BY LICENSED EMBALMER

I, Loyd Moore, Licensed Embalmer No. 3151

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Loyd Moore

Licensed Embalmer No. 3151

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