DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11235

Registration District No. 492 Primary Registration District No. 5652A Registrar's No.

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

1. PLACE OF DEATH:
(a) County Lincoln
(b) City or town Old Monroe Mo Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 80 yrs. 1

2. USUAL RESIDENCE OF DEACESED:
(a) State Missouri (b) County Lincoln
(c) City or town Old Monroe Mo. 0
(If outside city or town limits, write "RURAL")
(d) Street No. (Rural)
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Elizabeth Haelting
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 Wo
6. (b) Name of husband or wife Stevenson Haelting
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April 20 (Month) 1860 (Day) (Year)

8. AGE: Years 80 Months 10 Days 17 If less than one day hr. min.

9. Birthplace Old Monroe Mo (City, town, or county) 0 (State or foreign country)
10. Usual occupation House wife
11. Industry or business
12. Name Henry Klee
13. Birthplace Germany (City, town, or county) 4 (State or foreign country)
14. Maiden name Wieckman
15. Birthplace Germany (City, town, or county) 4 (State or foreign country)
16. (a) Informant Frank Haelting
(b) Address Old Monroe Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 10-41 (Month) (Day) (Year)
(c) Place: burial or cremation Old Monroe Mo.
18. (a) Signature of funeral director Uehde & Keithly
(b) Address Old Monroe Mo.
19. (a) 3-10-41 (Date received local registrar) (b) P C Meunlist (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7 year 1941 hour 2 minute P. M.
21. I hereby certify that I attended the deceased from March 3, 1941, to March 7, 1941, that I last saw her alive on March 7, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis (Chronic) — Duration
Due to Arterial Sclerosis.
Due to Old age.
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
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)
(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? (Specify type of place)
While at work? (e) Means of injury

23. Signature P C Meunlist (M. D. or other) MD
Address Old Monroe Mo Date signed 3-7-41

(Licensed Embalmer's Statement on Reverse Side)

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 Ea Kirthley

Licensed Embalmer No. 8 22

P. O. Address Ofallon Mo.

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

If this body is not embalmed, above space should be left blank.

o. 2
-4-41
17-39
X26390

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

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STANDARD CERTIFICATE OF DEATH

State File No. 11235

Registration District No. 492 Primary Registration District No. 5652 A Registrar's No.

1. PLACE OF DEATH:

(a) County Lincoln

(b) ~~City or town~~ Monroe T. C.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:

(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Elizebath Hoelting

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

6. (a) ~~Single~~, widowed, ~~married~~, ~~divorced~~ Widowed

6. (b) Name of husband or wife —

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
80	10	17	hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) 6/7/41 (Date received local registrar) (b) R. Neunlist (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 7 year 1941 hour minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations

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)

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature P. C. Neunlist (M. D. or other)

Address Old Monroe Date signed

(Licensed Embalmer's Statement on Reverse Side)

SUPPLEMENTARY

1941
S-11235

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.....

Licensed Embalmer No.....

P. O. Address.....

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

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