

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 13 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

15258

Registration District No.

694

Primary Registration District No.

4362 5 78817

Registrar's No.

7

1. PLACE OF DEATH:

(a) County Montgomery Co.
 (b) City or town Rhineland, Mo. RFD 1#
 (c) Name of hospital or institution: St. Anthony Hosp.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution XX
 In this community About 55 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Elizabeth Autenrieth.

3. (b) If veteran, name war.

XX

3. (c) Social Security No.

XX

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Albert Autenrieth. 6. (c) Age of husband or wife if alive 79 years
 7. Birth date of deceased Feb 28th 1865
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 I 7 hr. min.

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

10. Usual occupation Housewife.

11. Industry or business

12. Name William Holtwick.
 13. Birthplace Unknown Germany.
 14. Maiden name Alfreda Hoving.
 15. Birthplace Unknown, German.
 (City, town, or county) (State or foreign country)

16. (a) Informant L. F. Autenrieth
 (b) Address Bloomington Illinois
 17. (a) Burial (b) Date thereof April 7-41
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Best Bottom Church Cemetery.

18. (a) Signature of funeral director Paul H. Haring
 (b) Address Americus, Mo. 524
 19. (a) April 7-41 (b) Nana Lee Thompson
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Montgomery
 (c) City or town Rhineland, Mo. RFD 1#
 (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. XX 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 5
 year 1941 hour 7 minutes 30 P. M.

21. I hereby certify that I attended the deceased from April 15
1941, 1941 to April 5, 1941
 that I last saw him alive on April 4, 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia
3 days

Due to infectious of
age
 Due to fractured hip

Other conditions
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) 070
 (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 O. R. Ray (M. D. or other) D
 Address Rhineland Mo Date signed 4/5-41

1954 94

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

Barton Baker.

Registered Apprentice No.

working under my personal supervision.

Signed

Barton Baker

Licensed Embalmer No. **2438**

P. O. Address **Americus, 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, fact should be so stated above.

RECORDED - JAN 11 1954

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15258

Registration District No. 594

Primary Registration District No. 5788

Registrar's No.

1. PLACE OF DEATH:

(a) County Montgomery
(b) City or town Louisa R.F.D. #1
(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)

3. (a) PRINT FULL NAME Elizabeth Antevrieth

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 m

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive

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

8. AGE: Years Months Days If less than one day
76 1 7

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

10. Usual occupation

11. Industry or business

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

17. (a) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (b) (Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: apr day 5
year 1941 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19

that last saw him alive on 19

and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia

Due to Infirmitates of age

Due to fractured hip

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations no operation

Of autopsy none

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) accident

(b) Date of occurrence July 26 1939

(c) Where did injury occur? in home montgomery mo

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

in home on farm

While at work? fell (Specify type of place) (e) Means of injury fract. hip

23. Signature O.R. Rauschbach (M. D. or other) Address Rhinecland Date signed 6-20-41

SUPPLEMENTARY

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

MOORE

S-15258