No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 13 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

11605

State File No.

Registration District No. 668 Primary Registration District No. 5883 Registrar's No. 97

80
0
0

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

1. PLACE OF DEATH:
(a) County Pettis
(b) City or town La Monte Rural Elk Fork (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 Mo (b) County Pettis 80
(c) City or town La Monte Rural 0 (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.? 0 years.

3. (a) PRINT FULL NAME No Name
3. (b) If veteran, name war ✓
3. (c) Social Security No. 93 ✓
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb (Month) 2 (Day) 1942 (Year)

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

9. Birthplace La Monte Mo. R.F.D. 0 (City, town, or county) (State or foreign country)
10. Usual occupation ✓
11. Industry or business ✓
FATHER
12. Name C. G. Schlobohm
13. Birthplace Mo 0 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Neve J. Griffing
15. Birthplace Mo 0 (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Irene Schlobohm
(b) Address La Monte Mo. R.F.D
17. (a) (Burial, cremation, or removal) (b) Date thereof 2 (Month) 2 (Day) 42 (Year)
(c) Place: burial or cremation Raytown Cemetery
18. (a) Signature of funeral director Nole
(b) Address
19. (a) 2-19-42 (Date received local registrar) (b) Mrs Anna Berger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 2 year 1942 hour 5 P.M. minute M.
21. I hereby certify that I attended the deceased from birth 2-2, 1942 to death 2-2, 1942 that I last saw her alive on 2-2-, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Miscarriage 6 Mo	
Due to Flu	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

19
12

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 W. E. Walker (M. D. or other) M.D.
Address La Monte Mo Date signed 2-19-42

1022

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number.....

Date Filed 4-10-42

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 with the above constitutes grounds for revocation of license.)

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