

No. 2
1-4-41
7-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

18640

State File No.

FILED JUN 22 1942
64

Registration District No.

Primary Registration District No. 5850

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Oregon MO.
(b) City or town FOLK MO.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jackson Twp 1
(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 Oregon 76
(c) City or town Folk 5
(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 D

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27
year 1942 hour 11:00 minute 40 A.M.
21. I hereby certify that I attended the deceased from May 27 1942
10 that I last saw her alive on May 27 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Ch. hyperten. without edema
Duration
Due to: Hypertension arterial years

Due to:
Other conditions: Uremia
(Include pregnancy within 5 months of death)

Major findings: 12/18
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?

While at work? (Specify type of place) (e) Means of injury
23. Signature Dean Taylor (M. D. or other) M.D.
Address Jefferson City Date signed 6-27-42

3. (a) PRINT FULL NAME Elizabeth Felthop
(b) If veteran, name war NONE (c) Social Security No. NONE

4. Sex 1 FEMALE 5. Color or race White
6. (a) Single, widowed, married, divorced, widowed
(b) Name of husband or wife HELMAN FELTHOP (c) Age of husband or wife if alive years
7. Birth date of deceased June 24 1866
(Month) (Day) (Year)

8. AGE: Years 75 Months 11 Days 3
If less than one day hr. min.

9. Birthplace TAA5 MO. 0
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business
12. Name Bernard Henry Joebben
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)
14. Maiden name Anna Elizabeth Joebben
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant REGONA FELTHOP
(b) Address Folk, MO.

17. (a) Folk (b) Date thereof May 28 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Folk, MO.

18. (a) Signature of funeral director mebo
(b) Address MO

19. (a) (b) (Registrar's signature)

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

0086

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 *H H Strop*

Licensed Embalmer No. *2924*

P. O. Address *Meta 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18640

Registration District No. 641

Primary Registration District No. 5850

Registrar's No. _____

1. PLACE OF DEATH: Osgood Rural

(a) County.....
 (b) City or town.....
 (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 Elizabeth Feltrop
 3. (b) If veteran, name war..... 3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27
 year 1942 hour..... minute..... M.

4. Sex F 5. Color of race W 6. (a) Single, widowed, married, divorced, W
 6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased June 24 1869
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from..... 19.....
 to..... 19.....
 that I last saw him..... alive on..... 19.....
 and that death occurred on the date and hour stated above.
 Immediate cause of death.....

8. AGE: Years 75 Months 11 Days 14 (If less than one day)..... min.

Due to.....
 Due to.....
 Other conditions..... (Include pregnancy within 3 months of death)

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

10. Usual occupation.....

11. Industry of 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)
 (Burial, cremation, or removal)

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

19. (a) 5/28/42 (b) Rose Roman
 (Date received local registrar) (Registrar's signature)

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..... (M. D. or other).....

Address..... Date signed.....

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

SUPPLEMENTARY

