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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 23 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 297 Primary Registration District No. 3016 Registrar's No. 59

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

1. PLACE OF DEATH:

(a) County Franklin

(b) City or town Washington Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 306 Hooker St.
(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 Missouri (b) County Franklin 36 5 0

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

(d) Street No. 100 Main St
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Elizabeth Mary Julius

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 Married

6. (b) Name of husband ~~or wife~~ Henry Julius 6. (c) Age of husband ~~or wife if~~ alive 80 years

7. Birth date of deceased August (Month) 10 (Day) 1869 (Year)

8. AGE: Years 72 Months 10 Days 4 If less than one day _____ hr. _____ min.

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

10. Usual occupation House wife

11. Industry or business _____

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

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

16. (a) Informant Mrs. Clara Haberberger
(b) Address 306 Hooker Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/18/1942 (Month) (Day) (Year)
(c) Place: burial or cremation Emaculate Conception Cem. Union Mo.

18. (a) Signature of funeral director E. F. Oltman
(b) Address Union Mo.

19. (a) June 15-42 (Date received local registrar) (b) Lucille Ruetha (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14th year 1942 hour 9 minute 40 P.M.

21. I hereby certify that I attended the deceased from June 14, 1942, to June, 1942 that I last saw her alive on June 14, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Stomach — Duration 2 yrs

Due to —

Due to — 46 b

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 B. Romanoff (M. D. or other) _____
Address Washington Mo. Date signed 6-15-42

1101

(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 E. H. Oltmann

Licensed Embalmer No. 1686

P. O. Address Union Pier

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, above space should be left blank.