

PHOTO AUG 1 1942  
Registration District No. 1824

Primary Registration District No. 3008

State File No. \_\_\_\_\_

Registrar's No. 215

1. PLACE OF DEATH: Callaway  
 (a) County Callaway  
 (b) City or town Fulton  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: State Hospital No. 1  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 2 yrs 4m 8d  
 (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_  
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Mo (b) County Callaway  
 (c) City or town Fulton  
 (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 Edigbeth Ohlendorf  
 (b) If veteran, name war DK  
 (c) Social Security No. W.K.

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month July day 13  
 year 1942 hour 7 p minute 5 M.  
 21. I hereby certify that I attended the deceased from 7/10/1942, to 7/13/1942  
 that I last saw her alive on 7/13/1942  
 and that death occurred on the date and hour stated above.

4. Sex F 1 5. Color or race W  
 6. (a) Single, widowed, married, divorced Widowed  
 (b) Name of husband or wife Ohlendorf  
 (c) Age of husband or wife if alive Deceased years  
 7. Birth date of deceased 24 1881  
 (Month) (Day) (Year)

Immediate cause of death Lobar Pneumonia  
 Due to Lues  
 Duration 3d

8. AGE: Years 60 Months 9 Days 19  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

9. Birthplace Waterloo Ill  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation Housewife

Other conditions (includes pregnancy within 3 months of death) 309  
 Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

MOTHER FATHER  
 12. Name Phillip Volk  
 13. Birthplace Germany  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Elizabeth Marx  
 15. Birthplace Germany  
 (City, town, or county) (State or foreign country)  
 16. (a) Informant Record  
 (b) Address \_\_\_\_\_

PHYSICIAN  
 Underline the cause to which death should be charged statistically.

17. (a) Burial (b) Date thereof July 15 1942  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Marshall, Mo.  
 18. (a) Signature of funeral director Camshell - Lewis  
Marshall, Mo.  
 (b) Address \_\_\_\_\_  
 19. (a) 7-13-42 (b) Joan Morrison  
 (Date received local registrar) (Registrar's signature)

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 place of place)  
 \_\_\_\_\_ (Means of injury)  
 23. Signature George A. Reers (M. D. or other) MD  
 Address Fulton Mo Date signed 7/13/42

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

1942

**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     *R. W. Campbell*    

Licensed Embalmer No.     3469    

P. O. Address     *Marshall, m*    

**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.**