

No. 2
-9-4-41
5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

41589

State File No. _____
Registrar's No. ~~734~~ 134

FILED JAN 14 1942
Registration District No. _____

Primary Registration District No. 3053

1. PLACE OF DEATH
(a) County Phelps
(b) City or town Rolla
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 73-5 years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Phelps 81
(c) City or town Rolla
(d) Street No. 203 W 2nd St
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Elizabeth Graber
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month _____ day _____ year _____ hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from 12-18 to 12-18, 1942 that I last saw her alive on 12-18 and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years (Day) (Year)

Immediate cause of death Chronic myocarditis Duration 2 yrs.
Due to _____
Due to _____
Other conditions Hypertension, Senility
(Include pregnancy within _____ months of death)

8. AGE: Years 75 Months 5 Days 5 If less than one day _____ hr. _____ min.

9. Birthplace Greensburg Ind.
10. Usual occupation Housewife
11. Industry or business _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.
Major findings: _____
Of operations _____
Of autopsy _____

MOTHER FATHER
12. Name Tobias Heimberger
13. Birthplace Germany 4
14. Maiden name Elizabeth Rader
15. Birthplace Germany 4

16. (a) Informant Helene Graber
(b) Address Rolla, MO
17. (a) Burial (b) Date thereof 12-19-42
(c) Place: burial or cremation Rolla Cemetery
18. (a) Signature of funeral director Alfred H. Smith
(b) Address Rolla, MO
19. (a) 12-19-42 (b) E. E. F. [Signature]
(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 type of place) (e) Means of injury 0
23. Signature E. E. F. [Signature] (M. D. or other)
Address Rolla, MO Date signed 12-19-42

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

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.....

John W. Hallow

Licensed Embalmer No.:

3643

P. O. Address.....

Cuba, 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.