S. No. 2
M—9-4-41
v. 5-17-39
I X29484

100
0
0

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 12 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42175

Registration District No. 329 Primary Registration District No. 4-4-85 b 1112a Registrar's No. 11

1. PLACE OF DEATH:

(a) County Scott

(b) City or town Illmo. Rural Kelso Township
(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 45 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 100

(a) State Mo (b) County Scott 0

(c) City or town Illmo Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. Kelso
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country ✓ 0

3. (a) PRINT FULL NAME Wilhemina Elisa Maria Peetz

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 Peetz

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Jan (Month) 19 (Day) 1878 (Year)

8. AGE:

Years	Months	Days	If less than one day
64	11	9	hr. min.

9. Birthplace Scott Co. (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation House wife

11. Industry or business ✓

FATHER
12. Name Henry Roth
13. Birthplace Scott Co (City, town, or county) Mo 0 (State or foreign country)

MOTHER
14. Maiden name Anna Suseman
15. Birthplace — (City, town, or county) germany 4 (State or foreign country)

16. (a) Informant Mrs O E Reeves
(b) Address Afton Mo R14

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 24 1942 (Month) (Day) (Year)
(c) Place: burial or cremation ~~[illegible]~~ LUTHERAN ILLMO MO

18. (a) Signature of funeral director Bisplinghoff & Hubbard
(b) Address Illmo, Mo.

19. (a) 12-24-1942 (Date received local registrar) (b) Mrs W. L. Tomlinson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 20
year 1942 hour 8-30 minute A M.

21. I hereby certify that I attended the deceased from Dec. 20 ~~[illegible]~~ to Dec. 20, 1942
that I last saw h..... alive on ....., 19.....;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hemorrhage from varicose ulcer on leg.	
Due to: Varicose veins	
Due to:	
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.

100a

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 0

23. Signature [signature] (M. D. or other) M. D.
Address Illmo, Mo. Date signed 12-22 1942

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 143 – 12
Date Filed 1-4-43

JAN 25 1943

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 Maurice Bieplinghoff

Licensed Embalmer No. 3242

P. O. Address Chaffee 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.