No. 2
—5-42
5-17-3
I X32875

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 9 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

3066

State File No. ____

Registration District No. 273 Primary Registration District No. 5915 Registrar's No. 5

79
0
0

1. PLACE OF DEATH:

(a) County: Perry

(b) City or town: Rural Central Tw

(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 years, months or days)

In this community: 72 - 8 - 25

2. USUAL RESIDENCE OF DECEASED: 79

(a) State: Missouri (b) County: Perry 0

(c) City or town: Rural 0

(If outside city or town limits, write "RURAL")

(d) Street No. ____

(If rural, give location)

(e) Citizen of foreign country? ____ (Yes or No) No

If yes, name country ____

3. (a) PRINT FULL NAME: Rosetta Ochs

3. (b) If veteran, name war ____

3. (c) Social Security No. None

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Adolph Ochs

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

7. Birth date of deceased: April (Month) 15 (Day) 1870 (Year)

8. AGE: Years 72 Months 8 Days 25 If less than one day ____ hr. ____ min.

9. Birthplace: Perry Co. (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: House Wife

11. Industry or business ____

FATHER
12. Name: Charles Elbrecht
13. Birthplace: Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Wilhelmiina Sewing
15. Birthplace: Germany (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Oneida Bergman

(b) Address: Perryville Mo. R.F.D.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1- 14 1943 (Month) (Day) (Year)

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

18. (a) Signature of funeral director: Young & Sons

(b) Address: Perryville Mo.

19. (a) 1-12-1943 (Date received local registrar) (b) Thos J Elder (Registrar's signature)

1326

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 10 year 1943 hour 3 minute 45 P.M.

21. I hereby certify that I attended the deceased from Aug 15 1942 to Jan 10 1943 that I last saw he alive on July 10 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of Liver Primary Site	9 mon.
Due to	
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.

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: Oscar A Carron (M. D. ~~or other~~)

Address: Perryville, Mo Date signed 1/12/43

RECEIVED
District Health Officer No. 4
District File Number 243-1723
Date Filed 2-8-43

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 Wallace Young

Licensed Embalmer No. 4027

P. O. Address Perryville, 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.