S. No. 2
M—9-4-41
. 5-17-39
PI X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3608

FILED FEB 10 1943

Registration District No. 324

Primary Registration District No. 6093

Registrar's No. 8

97 0 0

1. PLACE OF DEATH:

(a) County Saline

(b) City or town Rural Marshall Twp (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Saline Co. Home 5 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 months (Specify whether

In this community 60 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Saline 97 0

(c) City or town Malta Bend (If outside city or town limits, write "RURAL") 0

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

(e) Citizen of foreign country? no. (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Henry F. AHLF

3. (b) If veteran, name war —

3. (c) Social Security No.

4. Sex Male

5. Color or race Wh.

6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Hattie Ahlf

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

7. Birth date of deceased Jan. (Month) 19 (Day) 1857 (Year)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Jan day 9

year 43 hour 9 minute 6 M.

21. I hereby certify that I attended the deceased from Nov 20 19 42 to 19 ;

that I last saw him alive on Dec 27 1942

and that death occurred on the date and hour stated above.

8. AGE: Years	Months	Days	If less than one day
85	11	20	hr. min.

Immediate cause of death Carcinoma - gastric — Duration 7

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.

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

10. Usual occupation Farmer

11. Industry or business

MOTHER
12. Name Claude Ahlf
13. Birthplace (City, town, or county) Germany (State or foreign country)

FATHER
14. Maiden name Dont know
15. Birthplace Dont know (City, town, or county) (State or foreign country)

16. (a) Informant [illegible]
(b) Address [illegible]

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 11, 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Malta Bend

18. (a) Signature of funeral director Campbell-Lewis
(b) Address Marshall Mo.

19. (a) 1-16-43 (Date received local registrar) (b) Mrs T. O Westbrook (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? (Specify type of place)

While at work (e) Means of injury

23. Signature [illegible] (M. D. or other)

Address Marshall Date signed 1/9/43

1215

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 2-9-43

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 R W Campbell

Licensed Embalmer No. 3469

P. O. Address Marshall, 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.