

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No. 146

FILED MAY 20 1943
Registration District No. 274

Primary Registration District No. 5931

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

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1. PLACE OF DEATH:

(a) County Pettis

(b) City or town Mora Rural Lake Creek Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Hours (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Benton

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

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

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Mrs Minnie Oelrichs

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, widowed

6. (b) Name of husband or wife: 6. (c) Age of husband or wife if alive, years:

7. Birth date of deceased: August 22nd 1863
(Month) (Day) (Year)

8. AGE: 79 Years 6 Months 4 Days If less than one day hr. min.

9. Birthplace Lake Creek Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business H D Heimsoth

12. Name H D Heimsoth

13. Birthplace Benton Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Fred Schlesselman

(b) Address Mora Mo RFD

17. (a) Burial (b) Date thereof April 28, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Paul Pettis County

18. (a) Signature of funeral director W L Eickhoff

(b) Address Cole Camp Mo

19. (a) 4-28-43 (b) Mrs Anna Berger
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 26
year 1943 hour 12 noon minute M.

21. I hereby certify that I attended the deceased from 4 = 26 to 1943, 19....; that I last saw him alive on 19.... and that death occurred on the date and hour stated above.

Immediate cause of death Evidently Organic heart disease with myofibrillar degeneration suddenly while at church

Due to Senility

Due to

Other conditions 95c2
(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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? 1 (Specify type of place) (c) Means of injury:

23. Signature W J Bishop (M. D. or other) Coroner

Address Sedalia Mo Date signed 4-26-43

RECEIVED

District Health Officer No. 8, :

District File Number _____

Date Filed 5-19-43

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 E L Eickhoff

Licensed Embalmer No. 730

P. O. Address Cole Camp MD

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.