S. No. 2
M—2-43
5-17-39

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24755

Registration District No. 77 Dr. Lake

Primary Registration District No. 3016

Registrar's No. 148

1. PLACE OF DEATH:

(a) County Cole

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

(c) Name of hospital or institution:
1400 Jefferson Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole 26 5

(c) City or town Jefferson 4
(If outside city or town limits, write "RURAL")

(d) Street No. 1400 Jefferson Street
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME Mrs. Elizabeth Purzner

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 Married

6. (b) Name of husband or wife Chas Purzner

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased August (Month) 4 (Day) 1869 (Year)

8. AGE:

Years	Months	Days	If less than one day
73	11	11	hr. min.

9. Birthplace Lohman, Missouri (City, town, or county) 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business "

FATHER
12. Name John Oberst
13. Birthplace Germany (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Katherine Strobel
15. Birthplace Germany (City, town, or county) 4 (State or foreign country)

16. (a) Informant Carl T. Purzner

(b) Address St. Louis, Missouri

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

(c) Place: burial or cremation River View Cemetery

18. (a) Signature of funeral director Thorp J. Gordon

(b) Address Jefferson City, Missouri

19. (a) 7-16-43 (Date received local registrar) (b) Norma Richter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15th year 1943 hour 2:00 minute P M.

21. I hereby certify that I attended the deceased from May 23rd, 1943 to July 15, 1943 that I last saw her alive on July 15th, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis

Due to .....

Due to .....

Other conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....

Of autopsy .....

Duration

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 Leon B. Lake (M.D. or other) DO

Address Jefferson City Mo Date signed 7-16-43

(Licensed Embalmer's Statement on Reverse Side)

AUG 9 1950

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 Louis Ducent

Licensed Embalmer No. 4096

P. O. Address Jefferson City

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.