

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

2774

State File No.

Registrar's No. 2

FILED FEB 9 1944

Registration District No.

Primary Registration District No. 5425

1. PLACE OF DEATH:

(a) County FRANKLIN
(b) City or town RURAL - BRUF town
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution HER RESIDENCE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ENTIRE LIFE (Specify whether years, months or days)

3. (a) PRINT FULL NAME SOPHIA MINNIE VOHS

3. (b) If veteran, name war NO 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 — 6. (c) Age of husband or wife if alive — years (Day) (Year)

7. Birth date of deceased JULY 27 1860
(Month) (Day) (Year)

8. AGE: Years 83 Months 5 Days 28 If less than one day hr. min.

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

10. Usual occupation HOUSEKEEPER

11. Industry or business HOUSEKEEPING

MOTHER FATHER { 12. Name JACOB LABOUBE
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Unknown 9
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Emily Albert
(b) Address Berger mo R7D #1

17. (a) Burial (b) Date thereof Jan 18 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St John's Evan Cemetery

18. (a) Signature of funeral director Herman Blumser

(b) Address Berger mo

19. (a) Jan 17 1944 (b) Chas E. England
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County FRANKLIN 36
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. 2 MILES WEST OF BERGER Mo.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 15
year 1944 hour 9 minute 00 A M.

21. I hereby certify that I attended the deceased from JAN-7
1944, to JAN 15, 1944
that I last saw her alive on JAN 15, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Branchial Pneumonia
Influenza
Due to —

Due to —
Other conditions Gall Bladder disease
(Include pregnancy within 3 months of death)

Major findings: —
Of operations —
Of autopsy —

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?

While at work? — (Specify type of place) (e) Means of injury —

23. Signature Edward Workman (M. D. or other)
Address Herman mo Date signed Jan 16 1944

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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, only.

....., Registered Apprentice No. ✓
working under my personal supervision.

Signed Herman Blumer

Licensed Embalmer No. 528

P. O. Address Berger, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.