

FILED APR 12 1944

Registration District No. 157

Primary Registration District No. 6293

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

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Rural Sheridan Twp  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Seven mile east of Jasper Mo.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 60 years  
years, months or days

3. (a) PRINT FULL NAME Elizabeth Euerge

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive --- years

7. Birth date of deceased Feb 26 1861  
(Month) (Day) (Year)

8. AGE: Years 83 Months 0 Days 13 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Ontario Canada 2  
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeping

11. Industry or business Housekeeping

12. Name Christian Euerge  
13. Birthplace Ontario Canada 2  
(City, town, or county) (State or foreign country)

14. Maiden name Margarete Jutz  
15. Birthplace Ontario Canada 2  
(City, town, or county) (State or foreign country)

16. (a) Informant Eli Scott  
(b) Address Jasper, Mo.

17. (a) Burial (b) Date thereof Mar 11 44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mitchell Cem.

18. (a) Signature of funeral director Chas. J. Teeter  
(b) Address Jasper, Mo.

19. (a) Mar 10 '44 (b) E. Elizabeth Couplin  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Seven mile east of Jasper Mo.  
(If rural, give location)  
(e) Citizen of foreign country? Yes (Yes or No)  
If yes, name country Canada

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 9th  
year 1944 hour 9 minute a M.

21. I hereby certify that I attended the deceased from 3-5-44, 1944, to 3-9-44, 1944, that I last saw her alive on 3-8-44, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Heart Bloc.

Due to Influenza

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations gsa

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? \_\_\_\_\_

23. Signature W. H. Knott M.D. (M. D. or other)  
Address Jasper, Mo. Date signed 5-4-44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

44-3-294

*Handwritten notes and scribbles, possibly including "44" and "294".*

**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 Lucy Knice-Buckwell

Licensed Embalmer No. 2510

P. O. Address Carthage, N

**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.**