V. S. No. 2
00M—8-43
ev. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 10 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21337

Registration District No. 64 Primary Registration District No. 4110 Registrar's No. 39

1. PLACE OF DEATH:

(a) County Chariton

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

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

(d) Length of stay: In hospital or institution 1 (Specify whether

In this community about 71 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Chariton

(c) City or town Salisbury (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 0

3. (a) PRINT FULL NAME Nettie Florence Ehrhardt

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex female

5. Color or race W

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

6. (b) Name of husband or wife John H Ehrhardt

6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased Dec (Month) 17 (Day) 1865 (Year)

8. AGE: Years 78 Months 5 Days 20 If less than one day hr. min.

9. Birthplace (City, town, or county) Indiana (State or foreign country)

10. Usual occupation housewife

11. Industry or business

FATHER
12. Name John Wm. Holmes
13. Birthplace (City, town, or county) Indiana (State or foreign country)

MOTHER
14. Maiden name Mary Mullen
15. Birthplace (City, town, or county) Indiana (State or foreign country)

16. (a) Informant Jesse Ehrhardt

(b) Address Salisbury Mo

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

(c) Place: burial or cremation Salisbury Cem.

18. (a) Signature of funeral director Geo B Winkelmeyer

(b) Address Salisbury Mo

19. (a) 6/28/44 (Date received local registrar) (b) R A Geling (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month June day 7 year 1944 hour 8 minute 30 A M.

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

	Duration
Immediate cause of death Coronary thrombosis	3½ hrs
Due to Coronary sclerosis	?
Due to —	
Other conditions — (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy —	

94a

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 F. L. Harris (M. D. or other) MD

Address Salisbury Mo Date signed 6-19-44

1023

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer
District File Number
Date Filed 7-8-44

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 Geo. P. Winkelmeyer

Licensed Embalmer No. 225

P. O. Address Salisbury

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.