

FILED JAN 16 1945

Registration District No. 180

Primary Registration District No. 5673

Registrar's No. _____

1. PLACE OF DEATH:
(a) County Lincoln
(b) City or town Rural - Monroe
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Thp
(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 Lincoln
(c) City or town Rural (If outside city or town limits, write "RURAL") 57
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME ELIZABETH DORA OSTHOFF

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

4. Sex F 5. Color or race W
6. (b) Name of husband or wife Ben Osthoff 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec 11 1888 (Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 17 year 1944 hour 6 minute 30P. M.
21. I hereby certify that I attended the deceased from 5-4-45 to 12-17, 1944, that I last saw her alive on 12-17, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of uterus
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) 486

8. AGE: Years 56 Months 0 Days 6 If less than one day _____ hr. _____ min.

9. Birthplace Moscow Mills Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Herman Rehmeier

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

14. Maiden name Sofa Melman

15. Birthplace Lincoln County Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Wm Osthoff

(b) Address Old Monroe Mo.

17. (a) Burial (b) Date thereof Dec 19-44 (Month) (Day) (Year)

(c) Place: burial or cremation St Paul Evangelical Cem

18. (a) Signature of funeral director Wayne T. S. Coy

(b) Address Troy Mo

19. (a) 12-18-44 (Date received local registrar) (b) Pro Sam Nelson (Registrar's signature)

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
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? _____ (c) Means of injury _____
23. Signature W. H. ... (M. D. or other) MA
Address Old Monroe Mo Date signed 12-19-44

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

1455

RECEIVED
District Health Officer No. 9,
District File Number _____
Date Filed 1-10-45

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

Wayne M. C. Boy
Licensed Embalmer No. 3586

P. O. Address

Jray Mo

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.