V. S. No. 2
100M—5-43
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 11 1945

Registration District No. 212

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 17555

Primary Registration District No. 3044

Registrar's No. 27

1. PLACE OF DEATH:
(a) County: Miller
(b) City or town: Eldon (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Schneider Home O (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 8 wks (Specify whether years, months or days)
In this community: 28 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Miller
(c) City or town: Eldon (If outside city or town limits, write "RURAL")
(d) Street No.: 105 E 3d St (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Jerusha Louisa Wahle
3. (b) If veteran, name war: No
3. (c) Social Security No.: No
4. Sex: Female
5. Color or race: white
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Frank Wahle
6. (c) Age of husband or wife if alive: unknown years
7. Birth date of deceased: Feb. (Month) 19 (Day) 1873 (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 72 | 3 | 3 | 0 hr. 0 min. |

9. Birthplace: Morgan Co (City, town, or county) Mo (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
MOTHER FATHER
12. Name: Thomas Hibdon
13. Birthplace: — (City, town, or county) Va. (State or foreign country)
14. Maiden name: Martha Phillips
15. Birthplace: — (City, town, or county) Ky. (State or foreign country)
16. (a) Informant: Susie M Kennedy
(b) Address: Eldon Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5-24-45 (Month) (Day) (Year)
(c) Place: burial or cremation: Eldon Cem.
18. (a) Signature of funeral director: Keith McKaye
(b) Address: Eldon Mo
19. (a) 5-24-45 (Date received local registrar) (b) W B Spearman (Registrar's signature)

1114

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: May day: 22 year: 1945 hour: 2 minute: 40 P.M.
21. I hereby certify that I attended the deceased from 1-1, 1944 to 5-22, 1945 that I last saw her alive on ..., 19..; and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Cardiac Dilitation — Duration: hrs
Due to: Chronic Interstitial nephritis — yrs
Due to: Chronic Rheumatism — yrs
Other conditions: Cholecystitis
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: B/N

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: E C Shelton D (M. D. or other)
Address: Eldon Mo Date signed: 5-24-45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Miller County Health Dep't.
County File Number 45-48
Date Filed 6-4-45

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 Keith M Kays

Licensed Embalmer No. 3998

P. O. Address Eldon 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.**