

FILED JUL 7 1945

Registration District No. 24

Primary Registration District No. 4076

Registrar's No.

1. PLACE OF DEATH:
(a) County Cape Girardeau
(b) City or town Gordonville mo
(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 _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cape Girardeau
(c) City or town Gordonville mo (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 _____

3. (a) PRINT FULL NAME Johanna ELLERS
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 5 year 1945 hour 2 minute A M.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Henry Eilers 6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased Feb 5 1879 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 13 1937 to April 5 1945 and that I last saw her alive on April 5 1945 and that death occurred on the date and hour stated above.

8. AGE: Years 66 Months 7 Days 0 If less than one day hr. _____ min. _____

Immediate cause of death Myocardial Infarction
Duration _____

9. Birthplace Burdettville mo (City, town, or county) (State or foreign country)
10. Usual occupation Home work

Other conditions arteriosclerosis (Include pregnancy within 3 months of death)
Due to _____
Due to _____

11. Industry or business _____
12. Name Henry Roloff, Sr.
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Johanna Nathaus
15. Birthplace Germany (City, town, or county) (State or foreign country)

Major findings: Of operations 936
Of autopsy _____
PHYSICIAN _____ Underline the cause to which death should be charged statistically.

16. (a) Informant Henry Eilers
(b) Address Gordonville mo
17. (a) Burial (b) Date thereof 4/17/45 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Marys Euzsch Cemetery
18. (a) Signature of funeral director M. C. Smith
(b) Address Jackson mo
19. (a) 4-6-45 (b) A. H. Muecke (Date received local registrar) (Registrar's signature)

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) (c) Means of injury _____
23. Signature J. H. Jackson (M. D. or other)
Address Jackson mo Date signed 4-7-45

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

116
0

1138

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4
District File Number 74 S-778
Date Filed 7-5-45

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 B A Meyer

Licensed Embalmer No. 3051

P. O. Address Jackson 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.