S. No. 2
M—8-43
5-17-39
P I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED FEB 26 1946

State File No. 6658

Registration District No. 273 Primary Registration District No. 5917 Registrar's No. X 5

1. PLACE OF DEATH:

(a) County Perry

(b) City or town Silver Lake Mo. or Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 82-2-29 (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry 79

(c) City or town Silver Lake Mo. 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Elezabeth Hunold

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Frank Hunold

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

7. Birth date of deceased October (Month) 15 (Day) 1863 (Year)

8. AGE: Years 82 Months 2 Days 29 If less than one day hr. min.

9. Birthplace Perry Co. (City, town, or county) Missouri (State or foreign country)

10. Usual occupation House Wife

11. Industry or business

FATHER
12. Name Joseph Geile
13. Birthplace Perry Co. (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Dont Know
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant Joseph Hunold
(b) Address Silver Lake Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-17-1946 (Month) (Day) (Year)
(c) Place: burial or cremation Silver Lake Mo.

18. (a) Signature of funeral director Young & Sons
(b) Address Perryville Mo

19. (a) Jan 15, 1946 (Date received local registrar) (b) Joe J Goellner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 14 year 1946 hour 1 minute P M.

21. I hereby certify that I attended the deceased from Jan 11, 1946, to Jan 14, 1946 that I last saw her alive on Jan 11, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia — Duration
Due to Senility
Due to Chronic Nephritis
Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

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 O J Miller (M. D. or other)
Address Perryville Mo Date signed 1-15-46

(Licensed Embalmer's Statement on Reverse Side)

250

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

...IMED

... Health Officer No. 4

... File Number 246-1759

... Filed 2-25-46

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 Wallace Young

Licensed Embalmer No. 4027

P. O. Address Perryville 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.