No. 2
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5-17-39
X35097

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 19 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

37655

State File No.

Registration District No. 117 Primary Registration District No. 5436 Registrar's No. 8

1. PLACE OF DEATH:

(a) County GASCONADE

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

(c) Name of hospital or institution:
AT HER HOME NEAR MT STERLING
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community LIFE TIME
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County GASCONADE

(c) City or town MT STERLING
(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 EMILIE CHRISTINA BENTLAGE

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife WILLIAM BENTLAGE SR.

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

7. Birth date of deceased JUNE (Month) 3 (Day) 1865 (Year)

8. AGE: Years 82 | Months 4 | Days 12 | If less than one day hr. min.

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

10. Usual occupation HOUSE WIFE

11. Industry or business

FATHER 12. Name HENRY ERFMAN

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

MOTHER 14. Maiden name REBECCA BUSSMAN

15. Birthplace SECOND CREEK (City, town, or county) MISSOURI (State or foreign country)

16. (a) Informant WM. BENTLAGE SR.

(b) Address MT. STERLING MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 10-17-47 (Month) (Day) (Year)

(c) Place: burial or cremation ZION CEM. BAY MO.

18. (a) Signature of funeral director Milford Waite

(b) Address OWENSVILLE MO

19. (a) 10/16/47 (Date received by registrar) (b) O A Mundwiller (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 15 year 1947 hour 9:30 A minute A.M.

21. I hereby certify that I attended the deceased from June 20 - 1947 to Oct 15 1947 that I last saw her alive on Oct 14 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Hepatitis	11	Duration
Due to			
Due to			
Other conditions (Include pregnancy within 3 months of death)			

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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 Dr Echo Mellins (M. D. or other)

Address Owensville Mo. Date signed 10/16/47

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 9,
District File Number
NOV 18 1947
Date Filed

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 Me

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Milford N. H. Winter

Licensed Embalmer No. 3838

P. O. Address Owensville 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.

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3-45
X43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2011

Registration District No. 117 Primary Registration District No. 5436 Registrar's No. 8

1. PLACE OF DEATH:
(a) County Gasconade
(b) City or town Mt Sterling
(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
In this community years, months or days)

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

3. (a) PRINT FULL NAME Emile C. Bentlage
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F | 5. Color or race W | 6. (a) Single, widowed, married, divorced M

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

7. Birth date of deceased June (Month) 3 (Day) (Year)

8. AGE: Years 82 | Months 4 | Days | If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

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

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June 3rd day
year 1947 hour minute M.

21. I hereby certify that I attended the deceased from , 19 to , 19 ; that I last saw him alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to Cancer -	
Other conditions (Include pregnancy within 3 months of death)	

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? (e) Means of injury

23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY

37655

Dr Edw Miller
Summerville, Mo