S. No. 2
—12-45
. 5-17-39
P I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 16 1947

Registration District No. 2030

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4345-

State File No. 42436

Registrar's No. 14

1. PLACE OF DEATH:

(a) County: Montgomery

(b) City or town: Rhineland
(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)

In this community: 60 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Montgomery

(c) City or town: Rhineland
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? No. (Yes or No)?

If yes, name country

3. (a) PRINT FULL NAME: ELENORA E. SCHOLTEN

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband ~~or wife~~: Henry Otto Scholten

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

7. Birth date of deceased: April (Month) 4 (Day) 1873 (Year)

8. AGE: Years 74 | Months 7 | Days 21 | If less than one day ..... hr. ..... min.

9. Birthplace: Warren Co. (City, town, or county) Mo. (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business

MOTHER FATHER

12. Name: Wm Wiesemann

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

14. Maiden name: Sophie Sattmann

15. Birthplace: Germany (City, town, or county) (State or foreign country)

16. (a) Informant: Rud. Allgeier

(b) Address: Rhineland, Mo.

17. (a) Burial (Burial, ~~cremation or removal~~) (b) Date thereof 12-6-47 (Month) (Day) (Year)

(c) Place: burial ~~or cremation~~: St. Marcus Cemetery

18. (a) Signature of funeral director: Kottmeyer & Co.

(b) Address: Rhineland, Mo.

19. (a) Dec. 6-1947 (Date received local registrar) (b) Mrs. Nona Lee Thompson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 4th year 1947 hour 8:00 minute A.M.

21. I hereby certify that I attended the deceased from June 2, 1947, to Dec. 4, 1947, that I last saw her alive on Nov. 1, 1947, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Apoplexy	
Due to: Hypertension	
Due to: Senility	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 0
Of autopsy: 0

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: 0

23. Signature: J. B. Ryan (M. D. ~~or other~~)

Address: Hermann Mo. Date signed 12/5/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 12-15-47

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 D. B. Baker, Registered Apprentice No. , working under my personal supervision.

Signed D B Baker

Licensed Embalmer No. 3375

P. O. Address Americus, 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.