

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
 FILED DEC 16 1947

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 256

Primary Registration District No. 4888

Registrar's No. 15

1. PLACE OF DEATH:
 (a) County Osage
 (b) City or town Chamois 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 _____)
 In this community _____ years, months or days all her life

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Osage 76
 (c) City or town Chamois mo (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 Erny Pearl
 3. (b) If veteran, _____ name war _____
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec day 4
 year 1947 hour 10 minute 15 a.m.

4. Sex F / 5. Color or race W
 6. (a) Single, widowed, married, divorced, Widowed
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive became years 1866
 7. Birth date of deceased: April (Month) 2 (Day) 1866 (Year)

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.

8. AGE: Years Months Days If less than one day
81 8 2 10 hr. 15 min.

Immediate cause of death: Coronary occlusion
 Due to Hypertensive Heart Dis. 10 years
 Due to Arteriosclerosis 10 years

9. Birthplace: Chamois, mo Rural (City, town, or county) _____ (State or foreign country)
 10. Usual occupation Hom

Other conditions: Diabetes coronary
 (Includes pregnancy within 3 months of death)
 Major findings: Of operations _____
 Of autopsy (C)

MOTHER FATHER
 11. Industry or business _____
 12. Name Charles H. Dallas
 13. Birthplace Virginia (City, town, or county) _____ (State or foreign country)
 14. Maiden name Sarah B. Brown
 15. Birthplace Indiana (City, town, or county) _____ (State or foreign country)

PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Maryne Dallas
 (b) Address Chamois mo
 17. (a) _____ (b) Date thereof 12/6/47
 (Burial, cremation, or removal) _____ (Month) (Day) (Year)
 (c) Place: burial or cremation _____

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? _____

18. (a) Signature of funeral director Otto J. Stockschick
 (b) Address Chamois mo
 19. (a) 12-6- (b) 47 Erny Pearl
 (Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) _____ (a) Means of injury _____
 23. Signature L. E. Coffer, M.D. (M.D. or other) _____
 Address Chamois, mo Date signed 12/6/47

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

76
0
0

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 12-5-47

DEC 17 1947

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, _____,
_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed Otto T. Stocksick
Licensed Embalmer No. 1902
P. O. Address Chamois, 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.