S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13696

FILED APR 22 1948

Registration District No. 294

Primary Registration District No. 3056

Registrar's No. 108

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

1. PLACE OF DEATH:
(a) County Randolph
(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 321 E. Logan St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 38 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Randolph 88
(c) City or town Moberly 6
(If outside city or town limits, write "RURAL")
(d) Street No. 321 E. Logan St. 3
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Elise Stumpf Eisenhauer

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 Ludwig Eisenhauer

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased 1 (Month) 9 (Day) 1880 (Year)

8. AGE: Years 68 Months 3 Days 1 If less than one day hr. min.

9. Birthplace Gilsa, Germany 4
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business

FATHER
12. Name Heinrich Stumpf
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Ludwig Eisenhauer
(b) Address Moberly, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/12/48 (Month) (Day) (Year)
(c) Place: burial or cremation Oakland Eemetery

18. (a) Signature of funeral director Marion E. Million
(b) Address Moberly, Mo.

19. (a) Apr 12-48 (Date received local registrar) (b) Leah Williams Lowe (Registrar's signature) 910

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10
year 1948 hour 10 minute 35 A. M.

21. I hereby certify that I attended the deceased from Feb 6, 1948 to April 10 1948
that I last saw her alive on April 10 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death CANCER of GALL BLADDER	8 mos
Due to	
Due to 46F	
Other conditions Intestinal Fistula (Include pregnancy within 3 months of death)	12 days

Major findings:
Of operations Extensive cancer of gall bladder with metastases
Of autopsy

PHYSICIAN
Underline the cause of 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 Henry K Baker (M. D. or other) M.D.
Address 208½ N. 4th St. Date signed April 12 1948

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

AUG 1 9 1948

APR 20 1950

APR 26 1950

RECEIVED
District Health Officer No. 10
District File Number 4-48-735
Date Filed APR 20 1948

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 Erma M. Million

Licensed Embalmer No. 3956

P. O. Address Moberly 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.