o. 300
10-47
17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 20 1948

Registration District No. 256

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5879

State File No. 37535

Registrar's No.

1. PLACE OF DEATH:

(a) County Osage

(b) City or town Chamois Mo Rural
(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 Rural 0
(If outside city or town limits, write "RURAL") 0

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

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

If yes, name country —

3. (a) PRINT FULL NAME Hulda Mehrhoff

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex F 1

5. Color or race W

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband ~~or wife~~ John Mehrhoff

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased June (Month) 19 (Day) 1888 (Year)

8. AGE: Years	Months	Days	If less than one day
60	4	13	20 hr. — min.

9. Birthplace Warren County Mo Rural 0
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business —

FATHER
12. Name Charley Schwardt 9
13. Birthplace Unknown
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Anette Paulsmeyer
15. Birthplace Warren County Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant John Mehrhoff
(b) Address Chamois, Mo.

17. (a) Chamois, Mo. (Burial, cremation, or removal) (b) Date thereof Nov 5 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Evangelical Cem Chamois Mo.

18. (a) Signature of funeral director Otto T. Stocksick
(b) Address Chamois, Mo.

19. (a) Nov. 3, 1948 (Date received local registrar) (b) Esther Snider (Registrar's signature) 7 [illegible]

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Nov day 2
year 1948 hour 8 — minute P. M.

21. I hereby certify that I attended the deceased from 1946, 19__, to 11/2/48, 19__;
that I last saw her alive on 11/2/48, 19__;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral hemorrhage	4 days
Due to Hypertensive Ht. Dis.	2 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 93 P.
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 2

23. Signature L. E. Giffen D.O. ~~(M.D. or other)~~
Address Chamois, Mo. Date signed 11/3/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed NOV 19 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 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.