

No. 2
-11-10-39
-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

2871

State File No. _____

FILED FEB 12 1943

Registration District No. _____

Primary Registration District No. 5791A

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Monteau
(b) City or town Russellville Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Burris Park TS.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 4 1/2 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Monteau
(c) City or town Russellville Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 2 1943
year 6 hour 30 minute _____ M.
21. I hereby certify that I attended the deceased from Jan 1
1943, to Jan 1, 1943
that I last saw her alive on Jan 1, 1943
and that death occurred on the date and hour stated above.
Immediate cause of death _____ Duration _____

3. (a) PRINT FULL NAME Mary Wolf
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: Jan 15 1890
(Month) (Day) (Year)

8. AGE: Years 62 Months 11 Days 16
If less than one day _____ hr. _____ min.

9. Birthplace Centertown Cole Co. Mo
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business Farm-Housekeeper

MOTHER FATHER
12. Name Thomas Wolf
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Kemmel
15. Birthplace Germany 7
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Sara Schramm

(b) Address Centertown Mo

17. (a) Buried (b) Date thereof Jan-4-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Centertown

18. (a) Signature of funeral director Walter J. Schuchert

(b) Address Russellville Mo

19. (a) Jan 4, 1943 (b) Mrs. R.W. Plummer
(Date received local registrar) (Registrar's signature)

Due to Cerebral Apoplexy 12 hrs

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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? _____

While at work _____ (Specify type of place) (Means of injury)

23. Signature Walter J. Schuchert (M. D. or other) _____

Address Russellville Mo Date signed 1-3-43

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

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

58
00

733

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.