

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

FILED DEC 12 1945

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County Moniteau Co.
(b) City or town California, Mo. Walker
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
City
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community Life
years, months or days)

3. (a) PRINT FULL NAME Sally Zue Ehrhardt

3. (b) If veteran, name was No 3. (c) Social Security No. No

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased Feb 19 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 8 29 hr. min.

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

10. Usual occupation House Wife

11. Industry or business

12. Name John F. Kelly

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

14. Maiden name Permelia J. Tayler

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

16. (a) Informant R. Q. Kelly

(b) Address Marionville - Mo.

17. (a) Burial (b) Date thereof Nov. 10, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Masonic Cemt.

18. (a) Signature of funeral director Bowlin Funeral Home

(b) Address California, Mo.

19. (a) 11-19-45 (b) N. R. Rosejoy M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau
(c) City or town California, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. City (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 17
year 1945 hour 7 42 minute P M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....
that I last saw her alive on....., 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death Unavoidably occurred when struck by M.O. car
January 14

Due to.....

Due to.....

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

Major findings: Of operations.....

Of autopsy None

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) Accident

(b) Date of occurrence 11-17-45

(c) Where did injury occur? California Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
on public crossing

While at work? No (Specify type of place) (e) Means of injury Train

23. Signature A. C. Huguelet (M. D. or other) Coroner

Address 1 Epton Ave. Date signed 11-19-45

RECEIVED.

District Health Officer No. 9,

District File Number.....

Date Filed 12-10-45

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

Signed Earl R. Boulton

Licensed Embalmer No. 2126

P. O. Address Calistonia, 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.