N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAY 13 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

14481
Do not use this space.

1. PLACE OF DEATH
(a) County Daviess — Registration District No. 250
(b) Township Union — Primary Registration District No. 5348 — Registered No. 17
(c) City ..... (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 2 yrs. 6 mos. ds. (f) How long in U. S., if of foreign birth? 50 yrs. mos. ds.

2. PRINT FULL NAME Louise Sophia Caroline Cohrs 620
(a) Residence, No. Daviess Co., Mo. St. ☐
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: John P. Cohrs
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 30. 1869
7. AGE: YEARS 68 — MONTHS 6 — DAYS 22 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as saw mill, bank, etc.: own Home
10. Date deceased last worked at this occupation (month and year): Apr. 1937
11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Macklinberg Germany 6

FATHER
13. NAME: Fredrick Duesing 6
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Macklinburg Germany 6

MOTHER
15. MAIDEN NAME: Hannah Sausse
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Macklinberg Germany

17. INFORMANT (ADDRESS): John P. Cohrs Gallatin, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Creekmore Cem. DATE Apr. 24 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Hope Furn. & Und. Co. Gallatin, Mo.
20. FILED Apr. 23 1938 H. A. Hope Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from January, 1938, to April 22, 1938
I last saw her alive on April 22, 1938. Death is said to have occurred on the date stated above, at 11:15 AM
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	Several years
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Other contributory causes of importance:

Chronic Glomerulic Nephritis	Several years

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) Floyd E. Nelson M. D.
(Address) Gallatin, Mo.

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(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, ...

L. O. Richesson, or by .....

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

Signed L. O. Richesson

Licensed Embalmer No. 3302

P. O. Address Gallatin, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.