DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22960

Registration District No. [illegible]

Primary Registration District No. 4588-6065

Registrar's No. [illegible]

1. PLACE OF DEATH:

(a) County Scott

(b) City or town Kehso Tonn (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 years, months or days)

In this community 24 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scott

(c) City or town Kehso (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.? years.

3. (a) PRINT FULL NAME Emmahouise Bhatteh

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Charles Bhatteh

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

7. Birth date of deceased May (Month) 2 (Day) 1879 (Year)

8. AGE: Years 61 Months 1 Days 4 If less than one day hr. min.

9. Birthplace New Hamberg (City, town, or county) Mo (State or foreign country)

10. Usual occupation House Keeper

11. Industry or business

FATHER
12. Name Mathias Pfefferkorn
13. Birthplace Don't Know (City, town, or county) Don't Know (State or foreign country)

MOTHER
14. Maiden name Caroline Georger
15. Birthplace Don't Know (City, town, or county) Don't Know (State or foreign country)

16. (a) Informant's own signature Mr Chas Hahn

(b) Address Fornfelt Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 9, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation St Augustine - Kehso

18. (a) Signature of funeral director Bisplinghoff & Hubbard

(b) Address Illmo, Mo

19. (a) June 8 1940 (Date received local registrar) (b) Paul Bray (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6 year 40 hour 40 minute 8 M.

21. I hereby certify that I attended the deceased from Jan 1939, 19__, to June 6, 1940 that I last saw her alive on June 6, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Cervix & Metastasis

Due to 40

Due to

Other conditions General debility & pneumonia (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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

23. Signature D B Elrod (M. D. or Other)

Address Cape Girardeau Mo Date signed 6/7/40

(Licensed Embalmer's Statement on Reverse Side)

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.

PLEASE PRINT—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
District Health Officer No. 2
District File Number 740 - 1190
Date Filed 7/5/40

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 Maurice Dougherty

Licensed Embalmer No. 3242

P. O. Address Chaffee 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, above space should be left blank.