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

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6889

FILED MAR 17 1941

Registration District No. 297 Primary Registration District No. 3016 Registrar's No. 15

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

606

1. PLACE OF DEATH:

(a) County Franklin

(b) City or town Rural - (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None Rural 1 Washington Mo RR 2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin 36

(c) City or town Rural ~~#2~~ (If outside city or town limits, write "RURAL")

(d) Street No. Washington Mo ~~Rural~~ (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME WILLIAM ELBERT. -

3. (b) If veteran, name war no. -

3. (c) Social Security No. no. -

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Catherine Raff Elbert

6. (c) Age of husband or wife if alive no. - years

7. Birth date of deceased Sept. - (Month) 5 - (Day) 1868 (Year)

8. AGE: Years 72 Months 4 Days 28 If less than one day hr. min.

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

10. Usual occupation Farmer - -

11. Industry or business —

FATHER
12. Name William Elbert
13. Birthplace Franklin Co (City, town, or county) O Mo. (State or foreign country)

MOTHER
14. Maiden name Louisa Schmertmann
15. Birthplace Franklin Co (City, town, or county) O Mo (State or foreign country)

16. (a) Informant Julius Elbert

(b) Address Washington Mo. RR-2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 - 6 - 41 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Mo -

18. (a) Signature of funeral director Otto Ho. -

(b) Address Washington Mo -

19. (a) FEB. 3-1941 (Date received local registrar) (b) H. A. May (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 3 year 1941 hour 8 minute 9 M.

21. I hereby certify that I attended the deceased from Jan 23, 1941, to Feb 2, 1941, that I last saw him alive on Feb 2, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia

Due to Influenza

Due to

Other conditions Valvular heart lesion (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration: 10 days

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) No

(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 L F Goodrich (M. D. or other)

Address Washington Mo Date signed 2.3 41

(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 none other Henry W. Otto, Registered Apprentice No. ~~[illegible]~~ now working under my personal supervision.

Signed Henry W. Otto

Licensed Embalmer No. 3560

P. O. Address Washington

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.