

No. 2
-1-4-41
-17-39
K26300

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 12 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36388

Registration District No. 881

Primary Registration District No. 4534

Registrar's No. 28

1. PLACE OF DEATH:

(a) County. **Warren**
(b) City or town. **Warrenton sum.**
(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. **Life** (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. **Missouri** (b) County. **Warren 109**
(c) City or town. **Warrenton** (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **Henry H. Mohrhaus**

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

4. Sex **male** 5. Color or race **white**
6. (a) Single, widowed, married, divorced, **married**
6. (b) Name of husband or wife. **Ruth A. Mohrhaus**
6. (c) Age of husband or wife if alive years
7. Birth date of deceased. **Feb. 19, 1858**
(Month) (Day) (Year)

8. AGE: Years **83** Months **7** Days **13**
If less than one day hr. min.

9. Birthplace **Warren County Missouri**
(City, town, or county) (State or foreign country)
10. Usual occupation. **Retired R.F.D. mailcarrier**

11. Industry or business.
MOTHER FATHER { 12. Name **Herman Mohrhaus**
13. Birthplace **Germany** (State or foreign country)
14. Maiden name **Anna Lampe** (City, town, or county)
15. Birthplace **Germany** (State or foreign country)

16. (a) Informant **C. H. Mohrhaus**
(b) Address **Warrenton, Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **10-5-41**
(Month) (Day) (Year)
(c) Place: burial or cremation **Warrenton, Mo.**

18. (a) Signature of funeral director **J. W. Hilburg & Co.**
(b) Address **Warrenton, Mo.**

19. (a) **Oct. 5, 1941** (Date received local registrar) (b) **[Signature]** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **2**
year **1941** hour **7** minute **20** P.M.
21. I hereby certify that I attended the deceased from **Jan 1 1935** to **Oct 2 1941**
that I last saw him alive on **Oct 2 1941**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis** Duration **7 yrs**

Due to
Due to
Other conditions **Denial of Trauma**
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy
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?

While at work (Specify type of place) (e) Means of injury
23. Signature **[Signature]** (M. D. or other)
Address **Warrenton** Date signed **10/4/41**

OU (Licensed Embalmer's Statement on Reverse Side)

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

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

1. PLACE OF DEATH

(a) County Warren
(b) City or town Warrenton Sup
(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
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Henry H. Mohrhaus

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb. 19, 1883
(Month) (Day) (Year)

8. AGE: Years 83 Months 7 Days _____ If less than one day _____ min.

9. Birthplace _____ (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____ (b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)
(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month April Day 12 year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____; that I last saw him _____ live on _____ 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to _____

Due to _____

Other conditions Senility, memory
(Include pregnancy within 3 months of death)

Major findings: following Chronic Nephritis
Of operations _____

Of autopsy 1318

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? _____

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

23. Signature John H. [unclear] (M. D. or other) _____
Address Warrenton Mo Date signed 12/15/41

MAR 31 1941
MAR 19 1941