No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

DEC 16 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38686

Registration District No. 47 Primary Registration District No. 5637 Registrar's No. 42

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

1. PLACE OF DEATH:
(a) County Lawrence
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: R.F.D. #1, Monett, Missouri
(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 50 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lawrence
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. #1, Monett, Missouri
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Caroline Osterloh
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 Married
6. (b) Name of husband or wife Ernest Osterloh
6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased January (Month) 12 (Day) 1870 (Year)

8. AGE: Years 71 Months 9 Days 26 If less than one day ..... hr. ..... min.

9. Birthplace Washington Co. (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
MOTHER FATHER
12. Name Christ Meyer
13. Birthplace Unknown (City, town, or county) Germany (State or foreign country)
14. Maiden name Sophie Schaefer
15. Birthplace Unknown (City, town, or county) Germany (State or foreign country)
16. (a) Informant Mr. Herman Osterloh
(b) Address R.F.D. #1, Monett, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 9, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Freistatt, Missouri
18. (a) Signature of funeral director H. D. Fowler
(b) Address Mt. Vernon, Mo.
19. (a) ..... (Date received local registrar) (b) ..... (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 7 year 1941 hour 9:00p.m. minute ..... M.
21. I hereby certify that I attended the deceased from October 29, 1941, to November 7, 1941; that I last saw her alive on November 7, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Myocarditis	
Note: (Saw case only two weeks)	2 weeks
Due to Aortic Regurgation	
Due to Chronic Nephritis and Bronchial Pneumonia	
Other conditions (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? (Specify type of place)
While at work? (e) Means of injury

23. Signature A. R. Knox (M. D. or other) D.O.
Address Freistatt, Missouri Date signed 11/17/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 1241-1843
Date Filed DEC 11 1941

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 H. D. Fossett

Licensed Embalmer No. 2201

P. O. Address Mt. Vernon, T

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

If this body is not embalmed, fact should be so stated above.