

NOV 10 1943
Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 323

1. PLACE OF DEATH:

(a) County Callaway
(b) City or town Hutton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
State Hospital No 12
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 months 2 days
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole
(c) City or town Jefferson City
(If outside city or town limits, write "RURAL")
(d) Street No. 113 East Elm St
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ELIZABETH SCHURICHT

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

4. Sex female / 5. Color or race white
6. (a) Single, widowed, married, divorced mar 1
6. (b) Name of husband or wife Karl Schuricht
6. (c) Age of husband or wife if alive DK years
7. Birth date of deceased: Nov 8 1863
(Month) (Day) (Year)

8. AGE: Years 79 Months 10 Days 24 If less than one day _____ hr. _____ min.

9. Birthplace Germany (City, town, or county) (State or foreign country) 4

10. Usual occupation housewife

11. Industry or business _____

12. Name Veradine Schuricht

13. Birthplace Germany (City, town, or county) (State or foreign country) 4

14. Maiden name DK

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

16. (a) Informant Records

(b) Address State Hospital

17. (a) Removal (b) Date thereof Oct 5, 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jefferson City, Mo.

18. (a) Signature of funeral director Joseph P. Gordon

(b) Address Jefferson City, Mo.

19. (a) 10-5-1943 (b) Joan Moduchoff
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 2
year 1943 hour 8 minute _____ AM.

21. I hereby certify that I attended the deceased from 10-2-43
to 10-2-43 1943
that I last saw her alive on 10-2-43 1943
and that death occurred on the date and as stated above.

Immediate cause of death: myocardial infarction

Due to _____
Due to _____

Other conditions arteriosclerosis
(include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy 92d

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 R.P. Price (M. D. or other) MD
Address Hutton Mo Date signed 10/2/43

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

14
1
2

MOTHER FATHER

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.....

Louis Quent

Licensed Embalmer No.....

4096

P. O. Address.....

Jefferson City

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, fact should be so stated above.