

7. S. No. 2
 OM-8-43
 Rev. 5-17-39
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DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

24485

State File No. _____

FILED JUL 29 1944

Primary Registration District No. 3016

Registrar's No. 161

1. PLACE OF DEATH:

(a) County Cole
 (b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
511 East McCarty Street
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community 50 years
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. 511 East McCarty Street
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Barbara A. Schrimpf

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (c) Age of husband or wife if alive 72 years
 7. Birth date of deceased January 20 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 : 5 : 21 hr. min.

9. Birthplace Cole County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Henry Vogel
 13. Birthplace Germany
(City, town, or county) (State or foreign country)
 14. Maiden name Elizabeth Brauer
 15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Hugo P. Schrimpf
 (b) Address Jefferson City, Missouri

17. (a) Burial (b) Date thereof July-13-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Alver View Cemetery

18. (a) Signature of funeral director Thorp & Gordon
 (b) Address Jefferson City, Missouri

19. (a) July 12-44 (b) Thomas R. Rickett
(To be received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11
 year 1944 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan 9 1944 to July 11 1944
 that I last saw her alive on July 11 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia
Bronchopneumonia

Due to Completed sclerosis of
Spinal Cord with Paralysis

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 107
 Of operations _____
 Of autopsy _____

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 James A. Hill M.D.
 Address Jefferson City, Mo Date signed 7-12-44

Duration 2 1/2 hrs
 3 yrs
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

Permit signed - By Dr. James A. Hill Emballer (Statement on Reverse Side)

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

20
 5
 4

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 7-27-44

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 Quest

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.