

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District **FILED DEC 18 1944**

Primary Registration District No. **42-02 5695**

Registrar's No. **146**

1. PLACE OF DEATH:

(a) County Burlington

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

(c) Name of hospital or institution:
Lehule R. F. D.
(If not in hospital or institution, write street number or location) 1

(d) Length of stay: In hospital or institution _____
In this community Life 33 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Burlington

(c) City or town Lehule Rural 59
(If outside city or town limits, write "RURAL")

(d) Street No. Lehule R. F. D. 9
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Hazel E. Depler

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 27th
year 1944 hour Six minute 00 P.M.

21. I hereby certify that I attended the deceased from Nov 27 1944
to Nov 27 1944

that I last saw her alive on Nov 27 1944
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

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

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

7. Birth date of deceased Aug - 17 - 1910
(Month) (Day) (Year)

Immediate cause of death Myocarditis Duration unknown

Due to Myocarditis

Due to _____

8. AGE: Years 33 Months 03 Days 10 If less than one day _____ hr. _____ min.

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

Other conditions (Include pregnancy within 3 months of death) None

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

10. Usual occupation At home

11. Industry or business _____

MOTHER FATHER

12. Name Andrew J Depler

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

14. Maiden name Martha A Merritt

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

16. (a) Informant George Depler

(b) Address Lehule Mo

17. (a) Burial (b) Date thereof 11-30-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation May be seen

18. (a) Signature of funeral director James D Gordon

(b) Address Chillicothe Mo

19. (a) Nov 29 (b) Lois Elba Corry
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(c) 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? Yes (Specify type of place) _____ (e) Means of injury _____

23. Signature Chillicothe Mo (M. D. or other) _____
Address _____ Date signed 11-28-44

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

900

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 James Gordon
Licensed Embalmer No. 1870
P. O. Address Lehellcoth Mo

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.