S. No. 2
OM—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 15 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40755

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 426

1. PLACE OF DEATH:

(a) County Calloway

(b) City or town Fulton
(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 Calloway Hosp (Specify whether
In this community C
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Montgomery 40

(c) City or town Jonesburg Mo 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country 1

3. (a) PRINT FULL NAME Elmer Ohlau

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Male 1

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased June (Month) 14 (Day) 1911 (Year)

8. AGE: Years 34 Months 6 Days 15 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation Radio Repair ma

11. Industry or business

FATHER
12. Name Geo C. Ohlau
13. Birthplace Steelville (City, town, or county) Ill (State or foreign country) 1

MOTHER
14. Maiden name Dora Tegtmeier
15. Birthplace Swiss (City, town, or county) Mo (State or foreign country) 0

16. (a) Informant Geo C. Ohlau

(b) Address Jonesburg mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 31 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Jonesburg mo

18. (a) Signature of funeral director Carl A Harding

(b) Address Jonesburg, mo

19. (a) Dec 30-1945 (Date received local registrar) (b) Josie Morsinkhoff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 28 year 1945 hour 7 minute 20 A.M.

21. I hereby certify that I attended the deceased from 8:30 pm Dec 28, 1945, to 10:30 P.M., 1945; that I last saw him alive on Dec. 28, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Diabetes Coma and extreme dehydration	
Due to Diabetes	15 yrs.
Due to	
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 2

23. Signature D. A. Squires (M.D. or other) D.O.

Address Fulton, Mo Date signed 12/29/45

1147 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 1-14-46

109 W 9 d

FEB 13 1951

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 Carl A. Harding

Licensed Embalmer No. 4115

P. O. Address Jonesburg 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.