

No. 2  
-5-43  
-17-39  
I X36571

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
STANDARD CERTIFICATE OF DEATH

State File No. **19837**

Registration District No. **77** Primary Registration District No. **3016** Registrar's No. **132**

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

1. PLACE OF DEATH:

(a) County **Cole**

(b) City or town **Jefferson City, Missouri**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **St. Mary's Hospital**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **8 weeks**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Cole**

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

(d) Street No. **R.R.F.D.#2, Jefferson City, Mo**  
(If rural, give location)

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

3. (a) PRINT FULL NAME **Mrs. Elizabeth Schuricht**

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 **Widow**

6. (b) Name of husband or wife **Wm. Schuricht**

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

7. Birth date of deceased **May 5 1873**  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<b>73</b>	<b>28</b>		hr. min.

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

10. Usual occupation **Housework**

11. Industry or business

MOTHER FATHER

12. Name **Elrich Zehendner**

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

14. Maiden name **Not known**

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

16. (a) Informant **Mrs. Albert Bates**

(b) Address **Jefferson City, Missouri**

17. (a) **Burial** (b) Date thereof **June-4-1946**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **River View Cemetery**

18. (a) Signature of funeral director **Wm. J. Gordon**

(b) Address **Jefferson City, Missouri**

19. (a) **6-4-46** (b) **A.P. Harrison**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **2**  
year **1946** hour **4** minute **45** A.M.

21. I hereby certify that I attended the deceased from **Dec 25**, 19**46**, to **June 2**, 19**46**.  
that I last saw her alive on **June 1**, 19**46**.  
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of uterus**

Duration	<b>6 month</b>
----------	----------------

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations **450**

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature **W. Kanagawa** (M. D. or other) **MD**  
Address **1 Dallmeida Bldg** Date signed **6/3/46**

RECEIVED  
District Health Officer No. 9,  
District File Number \_\_\_\_\_  
Date Filed 6-10-46

---

---

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 \_\_\_\_\_

Licensed Embalmer No. 1786

P. O. Address Jefferson City, 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.