DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 9 1947

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9865

Registration District No. 180 Primary Registration District No. 5-6-72 Registrar's No. 35

1. PLACE OF DEATH:

(a) County LINCOLN

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

(c) Name of hospital or institution: residence (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution — (Specify whether In this community all of life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County LINCOLN 57

(c) City or town WINFIELD 5674 (If outside city or town limits, write "RURAL")

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

(e) If foreign born, how long in U. S. A.? — years.

3. (a) PRINT FULL NAME CAROLINA SOPHIA MEHS

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

4. Sex FEMALE 5. Color or race W 6. (a) Single, widowed, married, divorced WIDOW

6. (b) Name of husband or wife HERMAN H. MEHS 6. (c) Age of husband or wife if alive NO years

7. Birth date of deceased AUG. (Month) 8 (Day) 1872 (Year)

8. AGE: Years 74 Months 7 Days 10 If less than one day hr. min.

9. Birthplace LINCOLN (City, town, or county) MO. (State or foreign country)

10. Usual occupation House keeping

11. Industry or business

FATHER 12. Name CHARLES PICKHARDT

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

MOTHER 14. Maiden name SOPHIA CRAIG

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

16. (a) Informant's own signature Mrs. Chas. MEHS

(b) Address Winfield, Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 3-20-47 (Month) (Day) (Year)

(c) Place: burial or cremation ST. PAUL EVANG. CEM.

18. (a) Signature of funeral director [signature]

(b) Address Elsberry, Mo

19. (a) 3/20/47 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18 year 1947 hour 1 minute 40 A.M.

21. I hereby certify that I attended the deceased from 21, 19, to, 19; that I last saw her alive on MARCH 17, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Lobar p	
follow by hardening of arteries	
Due to	
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

23. Signature [signature] (M. D. or other) M.D.

Address Old Monroe, Mo. Date signed 3/18/47

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should st... CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50M-5-... Rev. 5-17-39 ... I X19511

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 4/3/42

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 Gaylon Rick

Licensed Embalmer No. 4012

P. O. Address Elsberry, 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, above space should be left blank.