

FILED JAN 5 1948

Registration District No. \_\_\_\_\_

Primary Registration District No. 5317

Registrar's No. 36

1. PLACE OF DEATH:

(a) County Cooper  
(b) City or town Rural Kelly  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: none  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution ✓  
In this community Home 57 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cooper  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1 mile east of Bunelton  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Elizabeth Wolfrum

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased September 24 1860  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>87</u>	<u>2</u>	<u>10</u>	hr. _____ min. _____

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

10. Usual occupation House wife

11. Industry or business \_\_\_\_\_

12. Name Fred Herrubchen H

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

14. Maiden name Caroline Moser

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

16. (a) Informant Ella R Gerhardt  
(b) Address Bunelton Mo

17. (a) Burial (b) Date thereof 12-5-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Monterey Cemetery  
St Paul

18. (a) Signature of funeral director \_\_\_\_\_  
(b) Address Bunelton Mo  
19. (a) 12-5-47 (b) Nellie Mullett  
(Date received local registrar) (Registrar's signature) 72

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 3  
year 1947 hour 10:10 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from Nov 17  
1947 to Dec 3 1947;

that I last saw her alive on Dec 2 1947;  
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia Peritonis

Due Chronic Degen. Myocarditis (?)  
Due to \_\_\_\_\_

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

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy 9 3 2

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? 0

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

23. Signature Dr. H. Schaefer (M. D. or other) MD  
Address Bunelton Mo Date signed 12/4/47

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

7  
0  
0

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 1-2-48.....

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.....

*myself*....., Registered Apprentice No.....  
working under my personal supervision.

Signed..... *L Y Parker*.....

Licensed Embalmer No. 21-47.....

P. O. Address Bunselow Md.....

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.