No. 2
—8-43
5-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 23 1948

Registration District No. 96

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36027

Primary Registration District No. 5351

Registrar's No. 86

1. PLACE OF DEATH:
(a) County: DALLAS
(b) City or town: CELT "RURAL" (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 ____ (Specify whether years, months or days) In this community: 1 YEAR

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: DALLAS
(c) City or town: CELT "RURAL" (If outside city or town limits, write "RURAL")
(d) Street No. ____ (If rural, give location)
(e) Citizen of foreign country? ____ (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME: EMMA OEHLER
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: July (Month) 23 (Day) 1863 (Year)

8. AGE: Years 85 Months 3 Days 5 If less than one day ____ hr. ____ min.

9. Birthplace: HERMAN (City, town, or county) MO. (State or foreign country)
10. Usual occupation ____
11. Industry or business ____
FATHER 12. Name: GREGORY HUCK
FATHER 13. Birthplace: KY. (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: UNKNOWN
MOTHER 15. Birthplace: SPIRT KY. (City, town, or county) (State or foreign country)
16. (a) Informant: EMIL OEHLER
(b) Address: CELT, MO.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10-31-48 (Month) (Day) (Year)
(c) Place: burial or cremation: OAK LAWN
18. (a) Signature of funeral director: [illegible]
(b) Address: Buffalo, Mo.
19. (a) 11/21/48 (Date received by local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 28 year 1948 hour ____ minute ____ M.

21. I hereby certify that I attended the deceased from 10-12- 1948 to 10-22- 1948 that I last saw her alive on 10-22- 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchopneumonia	
Due to: Influenza	2 weeks
Due to:	
Other conditions (Include pregnancy within 3 months of death): Senility	
Major findings: Of operations: none	
Of autopsy: none	

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: [illegible] (M. D. or other) MD
Address: Buffalo, Mo. Date signed 11-15-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 16-48-134
Date Filed 11-22-48

NOV 30 1948

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 Morris B. Jones

Licensed Embalmer No. 4322

P. O. Address Buffalo, 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.