

FILED APR 14 1949

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9395

State File No.

Registration District No. 257

Primary Registration District No. 5881

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Osage
(b) City or town Rural-Jefferson Township
(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.....
In this community 39 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Osage 76
(c) City or town Rural 0
(If outside city or town limits, write "RURAL") 0
(d) Street No..... (If rural, give location)
(e) Citizen of foreign country? no (Yes or No) J
If yes, name country.....

3. (a) PRINT FULL NAME Ella I. Mittelhauser

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

4. Sex Female 5. Color white 6. (a) Single, widowed, married, divorced married
7. Birth date of deceased June 22 1881 (Month) (Day) (Year)
8. AGE: Years 67 Months 9 Days 21 If less than one day hr. min.

9. Birthplace Osage County Missouri (City, town, or county) (State or foreign country)
10. Usual occupation housewife

11. Industry or business.....
12. Name Christian Feuers
13. Birthplace 9
14. Maiden name Katherine Drewell
15. Birthplace 9

16. (a) Informant John Mittelhauser
(b) Address Belle, Mo.

17. (a) Burial (b) Date thereof 4/5/49
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Koenig - Mo.

18. (a) Signature of funeral director Sassmann's Service
(b) Address Belle, Mo.

19. (a) 4-7-1949 (b) 257
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3 year 1949 hour 7 minute 45 a. M.

21. I hereby certify that I attended the deceased from NOV 48 to 4-3 1949 that I last saw her alive on 4-1 1949 and that death occurred on the date and hour stated above.

Immediate cause of death Subacute Combined Sclerosis of cord

Due to.....
Due to.....

Other conditions Chronic Myocarditis
(Include pregnancy within 3 months of death)

Major findings:
Of operations 3774
Of autopsy.....

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) Means of injury 0
23. Signature Chas A. Schmitt (M. D. or other) 0
Address Belle, Mo. Date signed 4-4-49

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed
APR 13 1949

DEC 3 1948

APR 14 1949

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 Chester Lassman

Licensed Embalmer No. 4178

P. O. Address Bland

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.