

DEC'D OCT 18 1938

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

31653

Do not use this space.

## 1. PLACE OF DEATH

(a) County BentonRegistration District No. 59

(b) Township

Primary Registration District No. 4034Registered No. 25(c) City Cole Camp(d) Street No. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

(a) Residence, No. \_\_\_\_\_ St.   
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-3-1938 1938

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

22. I HEREBY CERTIFY, That I attended deceased from Aug 31st, 1938, to Sept 3rd, 1938I last saw him alive on Sept 3rd, 1938. Death is said to have occurred on the date stated above, at 12:30PM.

The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-27-19387. AGE 0 YEARS 0 MONTHS 7 DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

Date of onset

Injury at Birth12. BIRTHPLACE (CITY OR TOWN) Cole Camp  
 (STATE OR COUNTRY) Missouri

Other contributory causes of importance:

16012FATHER 13. NAME William Goetz  
 14. BIRTHPLACE (CITY OR TOWN) Lake Creek  
 (STATE OR COUNTRY) MoName of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis clinical Was there an autopsy? noMOTHER 15. MAIDEN NAME Edith Howard  
 16. BIRTHPLACE (CITY OR TOWN) Missouri  
 (STATE OR COUNTRY)23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_  
(Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.17. INFORMANT Wm Goetz  
 (ADDRESS) Cole Camp MoManner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Cole Camp Cem DATE 9-3-1938, 193824. Was disease or injury in any way related to occupation of deceased? no19. FUNERAL DIRECTOR (NAME) E. L. Eickhoff  
 (ADDRESS) Cole Camp MoIf so, specify \_\_\_\_\_  
 (Signed) E. L. Eickhoff, M. D.  
 (Address) Cole Camp Mo20. FILED 17-3-, 1938 Sue Selover  
 Local Registrar.

RECEIVED

District Health Officer No. 7,

District File Number 7-38-163

Date Filed 10-5-38

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**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.....

P. O. Address.....

**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.**