REC'D APR 19 1939

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

11587
Do not use this space.

66

1. PLACE OF DEATH
(a) County Miller 2 Registration District No. 564
(b) Township Jim Henry 1 Primary Registration District No. 57599 Registered No. 6
or
(c) City (d) Street No. St.
(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.
242

2. PRINT FULL NAME Anna Catherine Eichholz
(a) Residence, No. Henley, Mo. 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

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan.12th,1860

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
79	2	7	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Wife
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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Westphalia Missouri. O

FATHER
13. NAME J.B.Hake 6
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6

MOTHER
15. MAIDEN NAME Mary Vesling
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Geo Kempker
(ADDRESS) Henley Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St.Marys Cem. DATE Mar.22nd,1939

19. FUNERAL DIRECTOR (NAME) G.N.Steffens.
(ADDRESS) Russellville, Mo.

20. FILED Mar. 22 1939 Mrs E M. Schue
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar.19th,1939 ,19

22. I HEREBY CERTIFY, That I attended deceased from 2/7, 1938 to 3/19, 1939
I last saw her alive on 2/7, 1939. Death is said to have occurred on the date stated above, at 5-30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	2
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy? no

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.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) G.D.Walker, M.D.
(Address) Eldon Mo.

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

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Miller County Health Dep't.
County File Number 39-35
Date Filed 4-12-39

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 G.N.Steffens, Registered Apprentice No. working under my personal supervision.

Signed G.N.Steffens

Licensed Embalmer No. 2307

P. O. Address Russellville, Mo.

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

If this body is not embalmed, above space should be left blank.