DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 16 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5866

Registration District No. 59 — Primary Registration District No. 5094 — Registrar's No. 56

1. PLACE OF DEATH:

(a) County Benton

(b) City or town Cole Camp Rural (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2 (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) 91 Years

In this community 210

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Benton

(c) City or town Cole Camp Rural (If outside city or town limits, write "RURAL")

(d) Street No. 3 Mile East of Cole Camp (If rural, give location)

(e) If foreign born, how long in U. S. A.? 91 years.

3. (a) PRINT FULL NAME John Eickhoff

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

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 January (Month) 17th (Day) 1849 (Year)

8. AGE: 91 Years — Months 1 — Days 7 — If less than one day hr. min.

9. Birthplace Benton County (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Retired Farmer

11. Industry or business

FATHER
12. Name John Jochin Eickhoff
13. Birthplace Germany (City, town, or county) (State or foreign country) 6

MOTHER
14. Maiden name Angel Meyer
15. Birthplace Germany (City, town, or county) (State or foreign country) 6

16. (a) Informant's own signature E L Eickhoff

(b) Address Cole Camp Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb (Month) 26 (Day) 1940 (Year)

(c) Place: burial or cremation Brauersville Cemetery

18. (a) Signature of funeral director E L Eickhoff

(b) Address Cole Camp Missouri

19. (a) 2-26-40 (Date received local registrar) (b) Sue Selover (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 23rd year 1940 hour 3:00 minute 30 A. M.

21. I hereby certify that I attended the deceased from 6-10-1939, 19__, to 2-23-, 1940 that I last saw him alive on 2-22-, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis — Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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)

(e) While at work? (e) Means of injury

23. Signature T S Reser (M. D. or other) 1

Address Cole Camp Mo Date signed 2-25-40

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Rev. 5-17-39 1 X19511

RECEIVED
District Health Officer No. 7,
District File Number 3-40-416
Date Filed 3-5-40

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 E L Eickhoff

Licensed Embalmer No. 730

P. O. Address Cole Camp 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, above space should be left blank.