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1-11-10-39  
Rev. 5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED APR 1940

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 10167

Registration District No. 73

Primary Registration District No. 3006

Registrar's No. 69

1. PLACE OF DEATH:  
(a) County Boone  
(b) City or town Columbia  
(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) 20  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether Life)  
In this community \_\_\_\_\_ (Specify whether Life)  
years, months or days

3. (a) PRINT FULL NAME Elizabeth Houke Tekotte

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Charles W Tekotte 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased July 18 1863  
(Month) (Day) (Year)

8. AGE: Years 76 Months 8 Days 12 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Warren Co Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business \_\_\_\_\_

12. Name A. J. Houke

13. Birthplace Don't know Virginia  
(City, town, or county) (State or foreign country)

14. Maiden name Anna Brown

15. Birthplace Warren Co Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Robert Tekotte

(b) Address Columbia Mo

17. (a) Burial (b) Date thereof March 31-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Olivet Semetary

18. (a) Signature of funeral director R. O. Wiseman  
(b) Address Columbia, Mo.

19. (a) 3/30/40 (b) Allie Selby  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Boone  
(c) City or town Columbia  
(If outside city or town limits, write "RURAL")  
(d) Street No. Williams St  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? Life years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30<sup>th</sup>  
year 1940 hour 10:45 minute R. M.

21. I hereby certify that I attended the deceased from Nov. 20, 1940, to March 30, 1940  
that I last saw him alive on March 28, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis  
Duration Not sure

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations No  
Of autopsy No

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) No  
(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? No

While at work? \_\_\_\_\_ (Specify type of place)  
(a) Means of injury \_\_\_\_\_

23. Signature W. P. Deport (M. D. or other) !  
Address Columbia Mo Date signed 3-30-40

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

MOTHER FATHER

PHYSICIAN  
Underline the cause to which death should be charged statistically.

**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 *Lynard A. Spindler*

Licensed Embalmer No. *4013*

P. O. Address *Columbia, 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.**