

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.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
SEP 26 1940

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 27891  
Registrar's No. 24

Registration District No. 59

Primary Registration District No. 4034

**1. PLACE OF DEATH:**  
(a) County Benton  
(b) City or town Cole Camp  
(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 \_\_\_\_\_  
In this community 67 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs Anna Margaretha Eickhoff 210  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. None

4. Sex <u>Female</u>	5. Color or race <u>White</u>	6. (a) Single, widowed, married, divorced <u>Married</u>
6. (b) Name of husband or wife <u>Albert G Eickhoff</u>	6. (c) Age of husband or wife if alive <u>65</u> years	
7. Birth date of deceased <u>September 2nd 1872</u> (Month) (Day) (Year)		

8. AGE <u>67</u> Years	Months <u>11</u>	Days <u>28</u>	If less than one day hr. _____ min.
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9. Birthplace Benton Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

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

MOTHER FATHER  
12. Name Herman H Kroencke  
13. Birthplace Hanover Germany  
(City, town, or county) (State or foreign country)

MOTHER FATHER  
14. Maiden name Anna Buchholz  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature E. L. Eickhoff  
(b) Address Cole Camp Missouri

17. (a) burial (b) Date thereof 9-2-1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Eickhoff Cemetery

18. (a) Signature of funeral director E. L. Eickhoff  
(b) Address Cole Camp Missouri

19. (a) Sept 2-1940 (b) Ive Selover  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State Missouri (b) County Benton  
(c) City or town Cole Camp  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month August day 31  
year 1940 hour 1 minute 10 P.M.

21. I hereby certify that I attended the deceased from July 7, 1940, to Aug 31, 1940, that I last saw her alive on Aug 31 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of pancreas Duration 11 mo.

Due to Natural Causes

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? 65  
While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature J. D. Bennett MD (M. D. or other)

Address Cole Camp Mo Date signed 9-1-40

RECEIVED

District Health Officer No. 7,

District File Number 9-40-1282

Date Filed 9-9-40

District Health Officer No. 7,

District File Number \_\_\_\_\_

Date Filed \_\_\_\_\_

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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 E. L. Buchhoff

Licensed Embalmer No. 730

P. O. Address Col Camp Md

**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.