

EC 16 1940

Registration District No. 668

Primary Registration District No. 3032

Registrar's No. 362

1. PLACE OF DEATH:

- (a) County Pettis
(b) City or town Sedalia mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bathwell Hospital
(If not in hospital or institution, write street number & location)
(d) Length of stay: In hospital or institution 3 weeks
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT
FULL NAMEAugusta C Eichholz3. (b) If veteran,
name war3. (c) Social Security
No.

4. Sex Female 5. Color or race white
6. (b) Name of husband or wife Killbur Eichholz 6. (c) Age of husband or wife 57 yrs
7. Birth date of deceased 22-1883
(Month) (Day) (Year)

8. AGE: Years 55 Months 1 Days 12
If less than one day
hr. _____ min.

9. Birthplace
- Morgan County Missouri
-
- (City, town, or county) (State or foreign country)

10. Usual occupation
- Housewife

11. Industry or business

12. Name John Henry Bremer
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Louise Bremer
15. Birthplace Morgan Co Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Malie K. Eichholz
(b) Address Smithton Missouri
17. (a) Burial (b) Date thereof 11-6-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Smithton MO

18. (a) Signature of funeral director R. T. Nemmiger
(b) Address Smithton MO
19. (a) Nov 6, 1940 (b) Malie K. Eichholz
(Date received local registrar) (Registering signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Pettis
(c) City or town Smithton - Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 6 miles South of Smithton
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 4
year 1940 hour 2 minute 15 P. M.

21. I hereby certify that I attended the deceased from Oct 4 to Nov 4 1940
that I last saw her alive on Nov 4 1940
and that death occurred on the date and hour stated above.

Immediate cause of death

Carcinoma of Uterus

Due to _____

Due to _____

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

Duration

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? _____

While at work _____

23. Signature E. E. Smithton MO (M. D. or other)
Address Smithton MO Date Nov 5 40

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 12-16-40

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.....

A. F. Hemminger

Licensed Embalmer No.

3912

P. O. Address.....

Smithton 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 39459
Registrar's No. 950

Registration District No. 668

Primary Registration District No. 3032

1. PLACE OF DEATH:

- (a) County Pettis
(b) City or town Sedalia
(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)

- (d) Length of stay: In hospital or institution (Specify whether

In this community
years, months or days)

3. (a) PRINT
FULL NAME

Augusta C. Eichholz

3. (b) If veteran,
name war.

3. (c) Social Security
No.

4. Sex

7

5. Color or
race W

6. (a) Single, widowed, married,
divorced M

6. (b) Name of husband or wife

Wilbur Eichholz

6. (c) Age of husband or wife if
alive 54 years

7. Birth date of deceased.

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

55

1

12

min.

9. Birthplace

(City, town, or county)

(State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace

(City, town, or county)

(State or foreign country)

14. Maiden name

15. Birthplace

(City, town, or county)

(State or foreign country)

16. (a) Informant

(b) Address

17. (a) (Burial, cremation, or removal)

- (b) Date thereof

(Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar)

- (b)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State (b) County

- (c) City or town (If outside city or town limits, write "RURAL")

- (d) Street No. (If rural, give location)

- (e) Citizen of foreign country (Yes or No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 4
year 1940 hour minute M.

21. I hereby certify that I attended the deceased from
19 to 19

that I last saw him alive on 19

and that death occurred on the date and hour stated above.

Immediate cause of death

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 sta-
tistically.

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?

While at work

(Specify type of place)

Means of injury

23. Signature E. E. Helzlsouer (M. D. or other)

Address Smithton, Mo Date signed

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

ROWENH MOORE

