

No. 2  
4-13-40  
-17-39  
K23159

Registration District No. 8 Primary Registration District No. 201 State File No. \_\_\_\_\_ Registrar's No. 1

1. PLACE OF DEATH:  
(a) County Benton  
(b) City or town Cole Camp Rural Williamstownshi  
(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 66 years  
(years, months or days)

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. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Henry Lutjen  
3. (b) If veteran, name war No  
3. (c) Social Security No. No

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month January day 18th  
year 1941 hour 10 minute 30 M.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Anna Lutjen  
6. (c) Age of husband or wife if alive 58 years  
7. Birth date of deceased July 12th 1874  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from never, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him alive on never and that death occurred on the date and hour stated above.  
Immediate cause of death neck broke Duration \_\_\_\_\_

8. AGE: 66 Years Months 6 Days 6  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Due to Flour Sackway and  
threw him out of  
wagon  
Due to \_\_\_\_\_

9. Birthplace Benton County Missouri  
(City, town, or county) (State or foreign country)  
10. Usual occupation Farmer

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death) 1918

11. Industry or business \_\_\_\_\_  
12. Name John Lutjen  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Gesche Cordes  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

Major findings: \_\_\_\_\_  
Of operations 11  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Anna Lutjen  
(b) Address Cole Camp R F D  
17. (a) Burial (b) Date thereof Jan 20th 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Trinity Lutheran Cem.  
18. (a) Signature of funeral director E L Dickhoff  
(b) Address Cole Camp Mo 63  
19. (a) 1-20-41 (b) Sue Selover  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Accident  
(b) Date of occurrence 1-18-1941  
(c) Where did injury occur? Public road  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work? yes (Specify type of place) Public road  
(e) Means of injury Flour Sackway  
23. Signature border of Carover (M. D. or other) 7  
Address Cole Camp Mo Date signed 1-20-41

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

MOTHER FATHER

RECEIVED

District Health Officer No. 7

District File Number 2-41-244

Date Filed 2-6-41

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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 Eichhoff*.....

Licensed Embalmer No. 11 230.....

P. O. Address.....

**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, fact should be so stated above.**