

No. 2  
4-13-40  
5-17-39  
PI X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **6888**

**MAR 17 1941**

Registration District No. **297**

Primary Registration District No. **3016**

Registrar's No. **24**

**1. PLACE OF DEATH:**  
 (a) County Franklin.  
 (b) City or town Washington.  
 (c) Name of hospital or institution: St. Francis Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 5 hrs.  
(Specify whether years, months or days)  
 In this community 52 yrs.  
(Specify whether years, months or days)

**3. (a) PRINT FULL NAME** Frances Mary Ann Eckelkamp.  
 3. (b) If veteran, name war X 3. (c) Social Security No. X

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband Henry E. Eckelkamp. 6. (c) Age of husband 59 years  
 7. Birth date of deceased December 11th, 1888.  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>52</u>	<u>2</u>	<u>15</u>	_____ hr. _____ min.

9. Birthplace Washington, R.F.D. Missouri.  
(City, town, or county) (State or foreign country)

10. Usual occupation House-wife.  
 11. Industry or business X

**MOTHER FATHER**  
 12. Name Henry Kopp,  
 13. Birthplace Washington, Missouri.  
(City, town, or county) (State or foreign country)  
 14. Maiden name Mary Meyer.  
 15. Birthplace Washington, DR.F.D. Missouri.  
(City, town, or county) (State or foreign country)

16. (a) Informant Agnes Eckelkamp Peterson  
 (b) Address East Second St. Washington, Mo.  
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 1, 1941  
(Month) (Day) (Year)  
 (c) Place: burial or cremation Washington, Mo.

18. (a) Signature of funeral director Reuberg & Son, Inc. by C. H. Dietz  
 (b) Address Washington, Mo.  
 19. (a) Feb. 27-1941 (b) H. A. May Jr  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Franklin  
 (c) City or town Washington,  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 1109 S. Jefferson St.  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.? X 0 years.

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month February day 26th,  
 year 1941 hour 5:00 minute 35 P.M.  
 21. I hereby certify that I attended the deceased from 2-23-41  
 \_\_\_\_\_, 19\_\_\_\_, to 2-26-41, 19\_\_\_\_;  
 that I last saw her alive on 2-26-41, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Haemorrhage, **Duration** 2 days

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

Other conditions None  
(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?  
 \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury \_\_\_\_\_  
 23. Signature B. E. Mantel (M. D. or other) ( )  
 Address Washington, Mo. Date signed 2-27-41

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

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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 me

....., Registered Apprentice No. ....

working under my personal supervision.

Signed

*A. J. Milburn*

Licensed Embalmer No. 2387

P. O. Address Washington, D.C.

**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.**