

0-2
-4-41
7-39
X26390

FILED AUG 1 1941

State File No. _____

Registration District No. 389

Primary Registration District No. 5542

Registrar's No. 6

1. PLACE OF DEATH:

(a) County HOWELL
(b) City or town "RURAL" SISSON TWP.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
WEST PLAINS, MO. ROUTE 2.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community ALL OF LIFE / (Specify whether)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County HOWELL
(c) City or town "RURAL" SISSON TWP
(If outside city or town limits, write "RURAL")
(d) Street No. WEST PLAINS, MO. Rt. 2.
(If rural, give location)
(e) Citizen of foreign country? Yes N.O. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME ROBERT AUGUST JOSEPH ELDRINGHOFF

20. DATE OF DEATH: Month JULY day 2
year 1941 hour 6: minute 30 P.M.

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

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

4. Sex MALE 0 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

that I last saw him alive on _____ 19____ and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife DOROTHY 6. (c) Age of husband or wife if alive _____ years

Immediate cause of death _____ Duration _____

7. Birth date of deceased JANUARY 17, 1900
(Month) (Day) (Year)

Due to Stroke

8. AGE: Years 41 Months 5 Days 15 If less than one day _____ hr. _____ min.

Due to 192

9. Birthplace HOWELL COUNTY, MISSOURI
(City, town, or county) (State or foreign country)

Other conditions _____
(Include pregnancy within 3 months of death)

10. Usual occupation FARMER

Major findings:
Of operations _____

11. Industry or business OWN FARM

Of autopsy _____

12. Name JOHN ELDRINGHOFF

22. If death was due to external causes, fill in the following:

13. Birthplace N. MISSOURI
(City, town, or county) (State or foreign country)

(a) Accident, suicide, or homicide (specify) Stroke by Highway

14. Maiden name CAROLINE ROEHR

(b) Date of occurrence JULY 2, 1941

15. Birthplace ILLINOIS
(City, town, or county) (State or foreign country)

(c) Where did injury occur? SISSON TWP HOWELL CO.
(City or town) (County) (State)

16. (a) Informant MRS. ROBERT BUTLER

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
On farm, Near Brooder House
(Specify type of place)

(b) Address WEST PLAINS, MO

While at work? Yes (Specify type of place)

17. (a) BURIAL (b) Date thereof JULY 5, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

23. Signature Maurice Thompson (M. D. or other) _____

(c) Place: burial or cremation HOWELL Co., Mo.

Address West Plains Date signed 7/5/41

18. (a) Signature of funeral director Hal Thompson

(b) Address WEST PLAINS, MO.

19. (a) 7/10/41 (b) Mrs. Pearl Cook
(Data received from Registrar) (Registrar's signature)

Address _____ Date signed _____

Address _____ Date signed _____

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

MOTHER FATHER

855

John F. Amear, Coronel

RECEIVED

District Health Officer No. 5,

District File Number 7411810

Date Filed

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 Hal Thornburgh

Licensed Embalmer No. 3408

P. O. Address West Plains,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.