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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 11 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28260

Registration District No. 297 Primary Registration District No. 3016 Registrar's No. 82

1. PLACE OF DEATH:
(a) County Franklin
(b) City or town Washington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 402 Hancock St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No. 1 (Specify whether
In this community 78 yrs 2 mo. 12 da
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Franklin 036 6 2
(c) City or town Washington
(If outside city or town limits, write "RURAL")
(d) Street No. 402 Hancock St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ✓ 0 years.

3. (a) PRINT FULL NAME HENRY H. ECKELKAMP
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased June (Month) 10 (Day) 1863 (Year)

8. AGE: Years 78 Months 2 Days 12 If less than one day ___ hr. ___ min.

9. Birthplace Washington (City, town, or county) Missouri (State or foreign country)
10. Usual occupation R.R. Section Laborer
11. Industry or business Mo Pac R.R.
FATHER
12. Name Ernst Eckelkamp
13. Birthplace Unknown (City, town, or county) Germany (State or foreign country)
MOTHER
14. Maiden name Mary Guss
15. Birthplace Unknown (City, town, or county) Germany (State or foreign country)
16. (a) Informant Joseph J. Eckelkamp
(b) Address Washington, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 25, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Washington, Mo.
18. (a) Signature of funeral director Nieburg & Vitt Inc.
(b) Address Washington, Mo. by J H Vitt
19. (a) Aug. 22-1941 (Date received local registrar) (b) H A May (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 22 year 1941 hour 3 minute 15 P.M.
21. I hereby certify that I attended the deceased from July 6 1938, to Aug 22 1941; that I last saw him alive on Aug. 22 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Apoplexy	7-6-38
(Second attack)	8-22-41
Due to Hypertension - Arteriosclerosis	unknown
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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature H. A. May (M. D. or other) MD
Address Washington, Mo. Date signed 8/23/41

(Licensed Embalmer's Statement on Reverse Side)

H. A. May

SEP 1 5 1949

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 Lester H. Witt, ~~Registered Apprentice~~ No. working under my personal supervision.

Signed Lester H. Witt

Licensed Embalmer No. 3254

P. O. Address Washington, 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, fact should be so stated above.