

S. No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34264

FILED NOV 6 1941

Registration District No. 8

Primary Registration District No. 201

Registrar's No. 22

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

3. (a) PRINT FULL NAME Adelia Frieda Roepke
 3. (b) If veteran, name war No
 3. (c) Social Security No. None

4. Sex Female / 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased November 4th 1856
 (Month) (Day) (Year)

8. AGE: Years 84 Months 11 Days 22 If less than one day
 hr. _____ min. _____

9. Birthplace Zirke, Posnam 4 Poland
 (City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

12. Name Dohrman

13. Birthplace 4 Unknown
 (City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace 4 Unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant E. H. Roepke

(b) Address Cole Camp Mo

17. (a) Burial (b) Date thereof Oct 28th 1941
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Cemetery

18. (a) Signature of funeral director E. J. Bickhoff

(b) Address Cole Camp Mo

19. (a) 10-27-41 (b) Sue Selover
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Benton
 (c) City or town Cole Camp, Rural, Williams
 (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.? 30 years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month October day 26th
 year 1941 hour 11 minute 30 P M.

21. I hereby certify that I attended the deceased from 9-22- 1941 to 10-26- 1941
 that I last saw her alive on 10-20- 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

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?

(Specify type of place)
 While at work? _____ (e) Means of injury _____
 23. Signature D. Reser (M. D. or other) D
 Address Cole Camp Mo Date signed 10-27-41

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

800

RECEIVED

District Health Officer No. 7,

District File Number 11-41-1796

Date Filed 11-3-41

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. T. Dickhoff
.....
Licensed Embalmer No. 730

P. O. Address Cole Camp 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.