

No. 2
4-12-40
7. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10137
Registrar's No. 5

FILED APR 7 1942

Registration District No. 8 Primary Registration District No. 201

1. PLACE OF DEATH:

(a) County BENTON
(b) City or town COKE CAMP Twp
(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) 1
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 4 yrs years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County BENTON ⁰⁰²
(c) City or town COKE CAMP
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8
year 1942 hour 6:00 AM minute _____ M.
21. I hereby certify that I attended the deceased from JAN 7, 1942 to MAR 8, 1942.
that I last saw her alive on MARCH 8, 1942,
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Uterus Duration ?
1 1/2 yrs

Other conditions Influenza Bronchitis 3 mo
(Include pregnancy within 3 months of death)
Major findings: Dis. Uterus
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 TD
23. Signature J. D. Bennett (M. D. or other) MD
Address Coke Camp, Mo. Date signed 3-9-42

3. (a) PRINT FULL NAME Elva Matilda Wenig
3. (b) If veteran, name war _____ 3. (c) Social Security No. no

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 Feb 24 1898
(Month) (Day) (Year)

8. AGE: Years 44 Months 14 Days _____ If less than one day _____ hr. _____ min.

9. Birthplace Lincoln Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Fred Eckhoff
13. Birthplace Lincoln Mo. (City, town, or county) (State or foreign country)
14. Maiden name Mary Hillman
15. Birthplace Lincoln Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Vienna Vette
(b) Address Lincoln, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-12-42 (Month) (Day) (Year)
(c) Place: burial or cremation Lincoln, Mo.

18. (a) Signature of funeral director E. L. Bickhoff
(b) Address Coke Camp, Mo.

19. (a) 3-9-1942 (Date received local registrar) (b) Sue Selover (Registrar's signature)

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

708
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0

DEC 7 1955

RECEIVED

District Health Officer No. 7,

District File Number 4-42-282

Date Filed 4-6-42

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. Eickhoff

Licensed Embalmer No. 230

P. O. Address Colo Camp, Md

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.