

FILED NOV 5 1942

State File No.

Registration District No. 274

Primary Registration District No. 3252

Registrar's No. 342

1. PLACE OF DEATH: **Pettis**
 (a) County **Pettis**
 (b) City or town **Sedalia** (If outside city or town limits, write "RURAL", and name of township)
 (c) Name of hospital or institution: **Bothwell Memorial Hospital** (If not in hospital or institution, write street number of location)
 (d) Length of stay: In hospital or institution **6 hours** (Specify whether
 In this community **lifetime** years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Benton Pettis**
 (c) City or town **Lincoln, Missouri** (If outside city or town limits, write "RURAL")
 (d) Street No. ******* (If rural, give location)
 (e) Citizen of foreign country? **No.** (Yes or No)
 If yes, name country **/**

3. (a) PRINT FULL NAME **Anna Heidina Eken**
 3. (b) If veteran, name war **none** 3. (c) Social Security No. **none**

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **Oct.** day **15** year **1942** hour **8:00** minute **P.M.**

4. Sex **Female** 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 **September 30, 1886** (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **10/15-42** 19... to **10/15 42** 19...
 that I last saw him alive on **10/15-42** 19... and that death occurred on the date and hour stated above.

8. AGE: Years **56** Months **0** Days **15** If less than one day hr. min.

Immediate cause of death **Hyperosmotic Coma** Duration **3 da.**
 Due to **diabetic diabetes mellitus** **5 yrs**

9. Birthplace **Pettis County, Missouri** (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) **61**

10. Usual occupation **housekeeper**

11. Industry or business **house**

Major findings: Of operations **61** Of autopsy **61** PHYSICIAN **61**
 Underline the cause to which death should be charged statistically.

12. Name **Anton Eken**
 13. Birthplace **unknown, Germany** (City, town, or county) (State or foreign country)

14. Maiden name **Margaret Rosenbaum**
 15. Birthplace **unknown, Germany** (City, town, or county) (State or foreign country)

16. (a) Informant **H.A. Eken; (bro)**
 (b) Address **Lincoln, Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Oct. 17, 1942** (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park**

18. (a) Signature of funeral director **Wesley Ewing**
 (b) Address **Sedalia, Mo.**

19. (a) **Oct. 17, 1942** (Date received local certificate) (b) **Mrs Anna Berger** (Registrar's signature)

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 **Wesley Ewing** (M. D. or other) **10/16/42**
 Address **Sedalia Mo** Date signed **10/16/42**

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

80
6
4

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

11-4-42

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.....

Duane Ewing

Licensed Embalmer No.

3847

P. O. Address.....

Sedalia, 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.