S. No. 2
M—S-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 9 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. F 31135

Registration District No. 37 | Primary Registration District No. 5108 | Registrar's No. 26

8 0 0

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 years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Benton
(c) City or town: Cole Camp Rural
(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: 0

8 0 0

3. (a) PRINT FULL NAME: Mrs Maria Schlesselman
3. (b) If veteran, name war: No
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: Louis Schlesselman
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: March 22nd (Month) 1855 (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
88	5	24	..... hr. ..... min.

9. Birthplace: Bento County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: At Home
11. Industry or business: .....
FATHER 12. Name: John Fred Bahrenberg
FATHER 13. Birthplace: Germany (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Hippel Holtzen
MOTHER 15. Birthplace: Germany (City, town, or country) (State or foreign country)
16. (a) Informant: Elmer Schlesselman
(b) Address: Cole Camp Mo R F D
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Sept 18, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation: Brauersville
18. (a) Signature of funeral director: E L Eckhoff
(b) Address: Cole Camp Mo
19. (a) Oct. 5. 1943 (Date received local registrar) (b) Pauline Harms (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 16th year 1943 hour 3: minute 20 P. M.
21. I hereby certify that I attended the deceased from 9-1- 1943 to 9-16- 1943 that I last saw him alive on 9-13- 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Nephritis	Duration
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): 131 P	
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: E L Berger M.D. (M. D. or other)
Address: Cole Camp Mo Date signed 9-16-43

54 8 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 9-43-1034
Date Filed 10-8-43

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 Eckhoff

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.