

FILED FEB 8 1944

Registration District No. 31

Primary Registration District No. 5108

Registrar's No. 2

1. PLACE OF DEATH:
Benton

(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.....
In this community..... 29 Years
years, months or days) (Specify whether)

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?..... (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME Mrs Katherine Stohr

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. married

6. (b) Name of husband or wife. John Stohr

6. (c) Age of husband or wife if alive. 70 years

7. Birth date of deceased. October 26th 1882
(Month) (Day) (Year)

8. AGE: 60 Years 2 Months 5 Days If less than one day
hr. min.

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

10. Usual occupation. At Home

11. Industry or business.

MOTHER FATHER { 12. Name. Wencil Narzarkin

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

14. Maiden name. Unknown

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

16. (a) Informant. John Stohr

(b) Address. Cole Camp Mo

17. (a) Burial (b) Date thereof. Jan - 5. 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. St Peters & Paul

18. (a) Signature of funeral director. P. A. Eickhoff

(b) Address. Cole Camp Mo

19. (a) Feb. 3, 1944 (b) Pauline Harms
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

January 1st

20. DATE OF DEATH: Month. January day. 1st
year. 1944 hour. 10 minute. 50 P.M.

21. I hereby certify that I attended the deceased from March 7, 1943, to Jan 1, 1944
that I last saw him alive on Jan 1, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death. Pulmonary Congestion

Due to Dropsy - due to

Due to Chronic Nephritis

Due to Diabetes mellitus

Other conditions.
(Include pregnancy within 3 months of death)

Major findings:
Of operations. 6.1

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. Byron L. Duncan (M. D. or other) 2 DO

Address. Cole Camp, Mo Date signed. 1/3/44

RECEIVED

District Health Officer No: 71

District File No: 1-44-79

Date Filed 2-7-44

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. Erickhoff

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.