

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 6994

FILED FEB 17 1944

Registration District No. 2

Primary Registration District No. 4358

Registrar's No.

1. PLACE OF DEATH:

(a) County Dade  
(b) City or town Lockwood, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: none  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. (Specify whether)  
In this community 52 years  
years, months or days

3. (a) PRINT FULL NAME Caroline Backs

3. (b) If veteran, name war. none  
3. (c) Social Security No. none

4. Sex Female  
5. Color or race White  
6. (a) Single, widowed, married, divorced, Widow  
6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive years

7. Birth date of deceased. February 28, 1868  
(Month) (Day) (Year)

8. AGE: Years 75 Months 10 Days 23  
If less than one day hr. min.

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

10. Usual occupation House work

11. Industry or business.

12. Name Gottfried Friedrich Traub  
13. Birthplace Wittenberg Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Christina Kienzle  
15. Birthplace Wittenberg Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Carrie Backs

(b) Address Lockwood, Missouri

17. (a) Burial (b) Date thereof Jan 23, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Zion Lutheran

18. (a) Signature of funeral director R. L. Haunschild

(b) Address Lockwood, Mo

19. (a) Jan 23, 1944 (b) Registrar's signature  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dade  
(c) City or town Lockwood  
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 20  
year 1944 hour 1 minute 45 P.M.

21. I hereby certify that I attended the deceased from Dec 20, 1944 to Jan 20, 1944  
that I last saw her alive on Jan 20, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death.  
Arteriosclerotic Cardio-vascular disease with Hypertension  
Due to

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

Major findings:  
Of operations

Of autopsy

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

23. Signature L. J. Conner M.D.  
Address Lockwood Date signed 1-22-44

1083 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

Health Officer No. 8

District File Number 244-228

Date Filed FEB 15 1944

### 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

*R. L. Hammschield*

Licensed Embalmer No. 3234

P. O. Address *Laurelwood, 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.