S. No. 2
—11-10-39
5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10907

FILED MAR 27 1944

Registration District No. 1945

Primary Registration District No. 4187

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Franklin

(b) City or town Union
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 23 Park ave 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 30 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin

(c) City or town Union
(If outside city or town limits write "RURAL")

(d) Street No. 23 Park ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Mary Anna Eckelkamp

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

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

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

7. Birth date of deceased April (Month) 23rd (Day) 1871 (Year)

8. AGE: Years 72 Months 11 Days 19 If less than one day hr. min.

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

10. Usual occupation House work.

11. Industry or business

FATHER
12. Name Herman Grabber
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Schwerer
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Edw Bolte

(b) Address Union Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/15/1944 (Month) (Day) (Year)

(c) Place: burial or cremation Emaculate Conception Cem. Union Mo.

18. (a) Signature of funeral director E. F. Oltmann

(b) Address Union Mo.

19. (a) 3/14/44 (Date received local registrar) (b) Conrad A Rieger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12th year 1944 hour 7 minute 10 a.m.

21. I hereby certify that I attended the deceased from 1940, to 3-17, 1944 that I last saw her alive on 3-11, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Senility

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

162 P

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 H. M. Denny (M. D. or other) MD

Address Union Mo Date signed 3-13-44

1119

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,

District File Number.....

Date Filed 3-22-44

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. A. Oltmann

Licensed Embalmer No. 1686

P. O. Address Union 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, above space should be left blank.