

No. 2  
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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17365

FILED JUN 13, 1944

Primary Registration District No. 5108

Registrar's No. 18

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

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.....  
(Specify whether

In this community 53 Years  
years, months or days)

3. (a) PRINT FULL NAME Mrs Dorthea Katherine Eckhoff

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 Otto Eckhoff

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased. September 7th 1890  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

53 8 23 hr. min.

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

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER

12. Name Dick Monsees

13. Birthplace Benton County Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Sena Hinck

15. Birthplace Benton County Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Otto Eckhoff

(b) Address Cole Camp Mo

17. (a) Burial (b) Date thereof April 1st 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Monsees Cemetery

18. (a) Signature of funeral director. E. J. Eckhoff

(b) Address Cole Camp Mo

19. (a) June 6, 1944 (b) Pauline Harms  
(Date received local registrar) (Registrar's signature)

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  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30  
 year 1944 hour 1 minute 45 P. M.

21. I hereby certify that I attended the deceased from 5-30-1944  
 1944 to 5-30-1944 1944

that I last saw her alive on 5-30-1944  
 and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy

Duration

Due to

Due to

Other conditions. 83a!  
(Include pregnancy within 3 months of death)

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?

While at work? Yes (Specify type of place) (e) Means of injury

23. Signature P. J. Baker (M. D. or other) MD  
 Address Cole Camp Mo Date signed 5/31/44

1541

(Licensed Embalmer's Statement on Reverse Side)

JUN 9 1 11 PM

RECEIVED

District Health Officer No. 7,

District File Number

5-44-734

Date Filed

6-9-44

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. Diekhoff

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.