. No. 2
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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 13 1944

Registration District No. 31

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21029

Primary Registration District No. 51 8.

Registrar's No. 21.

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
In this community 90 1
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Benton 8

(c) City or town Cole Camp Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? No 90 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Henry H Lutjen

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Mrs Lena Lutjen

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

7. Birth date of deceased March (Month) 12th (Day) 1854 (Year)

8. AGE: Years 90 Months 3 Days 0 If less than one day hr. min.

9. Birthplace Benton County (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business

FATHER
12. Name Henry Lutjen
13. Birthplace (City, town, or county) Gemany 4 (State or foreign country)

MOTHER
14. Maiden name Margaret Brunjes
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Mrs Emil Ebeling 1
(b) Address Cole Camp Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 14, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Monsees Churh

18. (a) Signature of funeral director E L Eickhoff
(b) Address Cole Camp Mo

19. (a) July 7 1944 (Date received local registrar) (b) Pauline Harms (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12
year 1944 hour 2 minute 55 A.M.

21. I hereby certify that I attended the deceased from 1-5, 1944 to 6-12, 1944
that I last saw him alive on 6-11, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 131 b

Major findings:
Of operations

Of autopsy

Duration

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 0

23. Signature [signature] (M. D. or other) MD

Address Cole Camp Mo Date signed 6-13-44

1041

(Licensed Embalmer's Statement on Reverse Side)

JUL 18 1944

RECEIVED
District Health Officer No. 7

District File Number 6-44-834

Date Filed 7-12-44

FEB 1951

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 Frank S. Johnson

Licensed Embalmer No. 2074

P. O. Address 1411 So. Ohio Sedalia

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.