

FILED JUN 26 1944

Registration District No. **256**

Primary Registration District No. **5879**

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Osage

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

(c) Name of hospital or institution: Benton Hosp.
(If not in hospital or institution, write street number or location) 1

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Minnie Louisa Eichhoff

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 _____

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

7. Birth date of deceased 2-14-1871
(Month) (Day) (Year)

8. AGE: Years 73 Months 3 Days 6 If less than one day _____ hr. _____ min.

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

10. Usual occupation House Wife

11. Industry or business _____

12. Name Fritz Harding

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

14. Maiden name Louisa Knecht

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

16. (a) Informant Wm Eichhoff

(b) Address Chambers, Mo

17. (a) _____ (b) Date thereof 5-23-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Morrison Mo

18. (a) Signature of funeral director Arnold Hummer

(b) Address Morrison Mo

19. (a) May 22 1944 (b) Esther Souder
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Osage 76

(c) City or town Chambers mo Rural
(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 May day 20TH
year 1944 hour 6 minute 00 A.M.

21. I hereby certify that I attended the deceased from 6/15/43
_____ 19____ to 5/18/44 19____
that I last saw her alive on 4/16/44 19____
and that death occurred on the date and how stated above.

Immediate cause of death CONGESTIVE CARDIAC FAILURE Duration 30 DAYS

Due to HYPERTENSIVE CARDIAC DISEASE INDISTINCT

Due to HYPERTENSION Many years

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

Major findings: 930

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? _____ (Specify type of place) (e) Means of injury _____

23. Signature B. von Dasthan (M. D. or other) 20

Address Chambers, Mo Date signed 5/20/44

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 6-23-44

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.....

.....
working under my personal supervision.

....., Registered Apprentice No.....

Signed..... *Hugo Blumer*

..... Licensed Embalmer No. 3160

..... P. O. Address Herrmann No

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.