. 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 DEC 7 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 38141

Registration District No. 112 Primary Registration District No. 5641 Registrar's No. 68

1. PLACE OF DEATH:

(a) County Lafayette

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

(c) Name of hospital or institution: Dover twsp. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether

In this community 62 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette 54

(c) City or town Alma (rural) (If outside city or town limits, write "RURAL") 0

(d) Street No. (If rural, give location) 0

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

If yes, name country 0

3. (a) PRINT FULL NAME August F Eerdman

3. (b) If veteran, name war

3. (c) Social Security 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 Mally Eerdman

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Feb. (Month) 29 (Day) 1868 (Year)

8. AGE: Years 76 Months 8 Days 16 If less than one day hr. min.

9. Birthplace Higginsville (City, town, or county) 0 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name August Eerdman
13. Birthplace Germany (City, town, or county) 4 (State or foreign country)

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

16. (a) Informant Mally Eerdman

(b) Address Alma Mo

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

(c) Place: burial or cremation Blackburn Mo

18. (a) Signature of funeral director A S Hodge

(b) Address Higginsville Mo

19. (a) 12-5-1944 (Date received local registrar) (b) Dr. W. A. Braecklein (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 15th year 1944 hour 2 minute A M.

21. I hereby certify that I attended the deceased from June 23, 1944, to November 15th, 1944; that I last saw him alive on Nov 15th, 1944; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocarditis chronic	2 years
Due to	
Due to	
Other conditions Nephritis chronic (Include pregnancy within 3 months of death)	1 year

Major findings:
Of operations 131
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Geo A Kelling (M. D. or other)

Address Waverly Mo Date signed 11-15-44

11 8 9 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
...ict Health Officer No. 8,
...t File Number.....
...ate Filed 12-6-44

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 [signature]

Licensed Embalmer No. 4269

P. O. Address Higginsville 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.