S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 15 1945

Registration District No. 31

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40605

Primary Registration District No. 4040

Registrar's No. 36

1. PLACE OF DEATH:
(a) County: Benton
(b) City or town: Cole Camp
(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: 1
In this community: 84 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Benton
(c) City or town: Cole Camp
(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:

3. (a) PRINT FULL NAME: Mr Peter Tobaben

3. (b) If veteran, name war: No

3. (c) Social Security No.: No

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Mrs Margaret Tobaben

6. (c) Age of husband or wife if alive: 82 years

7. Birth date of deceased: May (Month) 24th (Day) 1860 (Year)

8. AGE: Years: 84 Months: 7 Days: 7 If less than one day: hr. min.

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

10. Usual occupation: Retired Saw Miller

11. Industry or business:

FATHER
12. Name: Peter Tobaben
13. Birthplace: (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name: Rebecca Brauer
15. Birthplace: (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant: Theo F Tobaben
(b) Address: Kansas City Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan. 2nd 1945 (Month) (Day) (Year)
(c) Place: burial or cremation: Cole Camp Memorial

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

19. (a) January 4-1945 (Date received by local registrar) (b) Pauline Harms (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 31st year 1944 hour 10 minute 10 A M.

21. I hereby certify that I attended the deceased from Dec 30th, 1944, to Dec 31, 1944, that I last saw him alive on Dec 31, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Occlusion — Duration

Due to:

Due to: 94A

Other conditions: (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? (Specify type of place)
While at work? (e) Means of injury:

23. Signature: Byron L. Duncan (M. D. or other) DO
Address: Cole Camp, Missouri Date signed 1-1-45

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(Licensed Embalmer's Statement on Reverse Side)

RECORDED
[illegible] Health Officer No. 7
[illegible] Number 12-44-1634
[illegible] 1-13-45

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. Eickhoff

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.