S. No. 2
OM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 10 1945

Registration District No. 116

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 6049

Primary Registration District No. 3620

Registrar's No. 18

**1. PLACE OF DEATH:**

(a) County Franklin

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

(c) Name of hospital or institution: 430 W Front
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 34 yrs.
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo (b) County Franklin

(c) City or town Washington 36
(If outside city or town limits, write "RURAL")

(d) Street No. 430 W. Front St. 6
(If rural, give location)

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

If yes, name country no

3. (a) PRINT FULL NAME WILLIAM ANTON ECKELKAMP

3. (b) If veteran, name war no

3. (c) Social Security No. 488-26-0825

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mary Anna Eckelkamp

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

7. Birth date of deceased January (Month) 11 (Day) 1884 (Year)

8. AGE: Years 61 Months 0 Days 26 If less than one day hr. min.

9. Birthplace Franklin (City, town, or county) Co. Mo (State or foreign country)

10. Usual occupation Engineer

11. Industry or business Electrical

FATHER
12. Name Bernard Eckelkamp
13. Birthplace Franklin (City, town, or county) Co. Mo (State or foreign country)

MOTHER
14. Maiden name Elizabeth Loben
15. Birthplace Franklin (City, town, or county) Co. Mo (State or foreign country)

16. (a) Informant Mrs. Mary A. Eckelkamp
(b) Address Washington Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-10-45 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Mo.

18. (a) Signature of funeral director Otto Alo
(b) Address Washington Mo

19. (a) 2-8-45 (Date received local registrar) (b) Lucille R. Brooks (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Feb. day 7 year 1945 hour 9 minute 30 A. M.

21. I hereby certify that I attended the deceased from Nov. 3, 1944, to Feb. 7, 1945 that I last saw him alive on Feb. 7, 1945 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Coronary Thrombosis | 6 hrs. |
| Due to Coronary Disease | 2 yrs. |
| Due to 94a | |
| Other conditions Mild Hypertension (Include pregnancy within 3 months of death) | Dont know |

Major findings:
Of operations no operation
Of autopsy no 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 R. R. Cuttle M.D. (M. D. or other)
Address Washington Mo Date signed 2-9-45

1181

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 9-9-45

OCT 23 1945

OCT - 5 1945

**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.....

Licensed Embalmer No. 2464

P. O. Address Washington 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.**