

S. No. 2
M-543
v. 5-17-39
I X36871

State File No. **28168**
Registrar's No. **199**

FILED SEP 13 1945
Registration District No. **74**

Primary Registration District No. **3052**

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

1. PLACE OF DEATH:
 (a) County **Putnam**
 (b) City or town **Sedalia**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution **Bothwell Hospital**
 (If not in hospital or institution, write street number or locality)
 (d) Length of stay: In hospital or institution **72 hrs.** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **MISSOURI** (b) County **Lafayette**
 (c) City or town **Concordia**
 (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 **Mathilda Tebbenkamp**
 3. (b) If veteran, name war
 3. (c) Social Security No.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **Aug** day **4**
 year **1945** hour **11:15** minute **P** M.
 21. I hereby certify that I attended the deceased **from** **on**
Aug 4, 19**45** to _____, 19____;
 that I last saw **her** alive on **Aug 4**, 19**45**
 and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **white**
 6. (a) Single, widowed, married, divorced **married**
 6. (b) Name of husband or wife **John Tebbenkamp**
 6. (c) Age of husband or wife if alive **41** years
 7. Birth date of deceased **March 13, 1887**
 (Month) (Day) (Year)

Immediate cause of death **Intestinal Obstruction** Duration **4 da**
 Due to **undetermined causes**

8. AGE: Years **58** Months **4** Days **21** If less than one day hr. min.

Due to _____
 Other conditions (include pregnancy within 3 months of death) _____
 Major findings: **2**
 Of operations _____
 Of autopsy **1221**

9. Birthplace **Concordia, Mo** (City, town, or county) (State or foreign country)
 10. Usual occupation **House wife**

MOTHER, FATHER
 11. Industry or business _____
 12. Name **Henry Kollmeyer**
 13. Birthplace **Germany** (City, town, or county) (State or foreign country) **4**
 14. Maiden name **unknow**
 15. Birthplace **unknown** (City, town, or county) (State or foreign country) **9**

PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant **John Tebbenkamp**
 (b) Address **Concordia, Mo**
 17. (a) **Concordia, Mo** (b) Date thereof **Aug 8, 1945**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Concordia, Mo**

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? _____

18. (a) Signature of funeral director **James Turner Home**
 (b) Address **Concordia, Mo**
 19. (a) **8/6/45** (b) **Mrs Anna Berger**
 (Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury _____
 23. Signature **A L Walter** (M. D. or other) **MD**
 Address **Sedalia Mo** Date signed **8-6-45**

1022

RECEIVED

District Health Office: No. 3

District File Number _____

Date Filed 9-12-45

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 Duane Ewing

Licensed Embalmer No. 3549

P. O. Address Sedalia 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.