

S. No. 2  
M-8-43  
5-17-39  
X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

**FILED** MAR 8 1946

**STANDARD CERTIFICATE OF DEATH**

State File No. **4555**

Registration District No. **31**

Primary Registration District No. **5108**

Registrar's No. **5**

1. PLACE OF DEATH:  
 Benton

(a) County **Benton**

(b) City or town **Lincoln Rural Williamstownship**  
 (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 **83 Years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Benton**

(c) City or town **Lincoln 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 \_\_\_\_\_

3. (a) PRINT FULL NAME **Mrs Gesche Ehlers**

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

3. (c) Social Security No. **No**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **1st**  
 year **1946** hour **8** minute **40** P.M.

4. Sex **Female**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **John A. Ehlers**

6. (c) Age of husband or wife if alive **14th 1862** years

7. Birth date of deceased **May 14th 1862**  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Oct 22**, 19**45**, to **Jan 28**, 19**46**  
 that I last saw her alive on **Jan 28**, 19**46**  
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<b>83</b>	<b>6</b>	<b>27</b>	hr. min.

Immediate cause of death **Hypostatic Pneumonia**

Due to **Carcinoma of Liver**

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

10. Usual occupation **At Home**

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
 Of operations **Hof**  
 Of autopsy \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name **Henry Kreonke**

13. Birthplace **Germany 4**  
 (City, town, or county) (State or foreign country)

14. Maiden name **Christine Bergman**

15. Birthplace **Germany 4**  
 (City, town, or county) (State or foreign country)

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) \_\_\_\_\_

16. (a) Informant **Mrs Dick Hease**

(b) Address **Cole Camp Mo**

17. (a) **Burial** (b) Date thereof **Feb 4, 1946**  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St Hulda**

18. (a) Signature of funeral director **E. J. Euehloff**

(b) Address **Cole Camp Mo**

19. (a) **March 4 - 1946** (b) **Pauline Harsus**  
 (Date received local registrar) (Registrar's signature)

23. Signature **A. W. Montland** (M. D. or other) **P. D.**  
 Address **Cole Camp, MO** Date signed **2-2-46**

(Licensed Embalmer's Statement on Reverse Side)

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

3579

RECEIVED

District Health Officer No. 7

District File Number 2-44-161

Date Filed 3-7-46

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.