

FILED MAY 10 1946 **STANDARD CERTIFICATE OF DEATH**

State File No. _____

Registration District No. 31

Primary Registration District No. 5108

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Benton
(b) City or town Cole Camp 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 _____ (Specify whether)
In this community 45 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Benton
(c) City or town Cole Camp Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 8 Miles South
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs Emma Lockmann

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Fred Lockmann 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased July 17th 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 9 4 hr. min.

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

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER

12. Name Henry Kerksiek

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

14. Maiden name Gesche Schroeder

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

16. (a) Informant Amos Lockmann

(b) Address Cole Camp Mo R R D

17. (a) Burial (b) Date thereof April 23rd 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation at Hulda

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

19. (a) May 4, 1946 (b) Pauline Adams
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21st
year 1946 hour 6 minute 25 AM

21. I hereby certify that I attended the deceased from 3-15-46
to 4-19-46
that I last saw her alive on 4-19-46
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Cerebral Apoplexy
Due to Hypertension

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: _____

Of operations _____

Of autopsy _____

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 G W Moreland (M. D. or other) MD
Address Cole Camp Mo Date signed 4-22-46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

11072

RECEIVED
DISTRICT HEALTH
DICKENS ST.
DATE

Order No. 7,
4-46-394
5-9-46

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.