No. 2
—8-43
5-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 20 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

21027

State File No.

Registration District No. 259 Primary Registration District No. 5883 Registrar's No.

1. PLACE OF DEATH:

(a) County Osage

(b) City or town Loose Creek Mo
(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 Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 76

(a) State Mo (b) County Osage 0

(c) City or town Loose Creek Mo
(If outside city or town limits, write "RURAL") 0

(d) Street No. 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Leo T. Eickhoff

3. (b) If veteran, name war

3. (c) Social Security No. 487-22-1668

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Olivia J. Orscheln

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

7. Birth date of deceased Oct (Month) 12 (Day) 1900 (Year)

8. AGE:

Years	Months	Days	If less than one day
45	6	16	hr. min.

9. Birthplace Loose Creek (City, town, or county) mo (State or foreign country) 0

10. Usual occupation Garage Owener

11. Industry or business

FATHER
12. Name Steve Eickhoff 0
13. Birthplace Westphalia (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Gertude kleithermes
15. Birthplace Loose Creek (City, town, or county) Mo (State or foreign country) 0

16. (a) Informant Mrs Leo T Eickhoff
(b) Address Loose Creek Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-1-46 (Month) (Day) (Year)
(c) Place: burial or cremation Loose Creek Mo

18. (a) Signature of funeral director Clyde Morton
(b) Address Linn Mo

19. (a) 6-10-46 (Date received local registrar) (b) Mrs Louise Lock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 54 day 28
year 1946 hour 8 minute 45 p.M.

21. I hereby certify that I attended the deceased from Saw him after death only, 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion (from holiday)

Due to Hypertensive cardiovascular disease

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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) 0

While at work? (e) Means of injury

23. Signature Cecil Taylor (M. D. or other) (M.D.)
Address Jefferson City Date signed 4-27-46

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,

District File Number.....

Date Filed 6-14-86

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 Vernon M. Morton

Licensed Embalmer No. 4125

P. O. Address Linn, 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.

S. No. 2B
M—3-45
I X43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. July

Registration District No. 259 Primary Registration District No. 5883 Registrar's No. 8

1. PLACE OF DEATH:

(a) County Osage

(b) City or town Loose Creek
(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 years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Osage

(c) City or town Loose Creek
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Leo J. Eickhoff

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Oct 12 1904
(Month) (Day) (Year)

8. AGE: Years 45 Months 6 Days If less than one day hr. min.

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

10. Usual occupation

11. Industry or business Garage Owner

FATHER
12. Name Steve Eickhoff
13. Birthplace Westphalia Mo (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Gertrude Kleitherne
15. Birthplace Loose Creek, Mo (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Leo J. Eickhoff
(b) Address Loose Creek, Mo

17. (a) (Burial, cremation, or removal) (b) Date thereof 5-1-46 (Month) (Day) (Year)
(c) Place: burial or cremation Loose Creek Mo

18. (a) Signature of funeral director Clyde Morton
(b) Address Linn, Mo.

19. (a) June 10-46 (Date received local registrar) (b) Mrs Louise Lock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April Day 28 year 1946 hour minute M.

21. I hereby certify that I attended the deceased from , 19 to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Due to

Due to

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 (M. D. or other)

Address Date signed

SUPPLEMENTARY

21027