

S. No. 2
M-8-43
5-17-39
P1 X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 20 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26237

State File No.

Registration District No. 21

Primary Registration District No. 5108

Registrar's No. 21

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:
1 Mile East
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 Years
(Specify whether 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. 1 Mile East
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Mrs Anna Meier
 3. (b) If veteran, name war.....
 3. (c) Social Security No. No

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 10th
 year 1946 hour 8 minute 10 A. M.

4. Sex Female / 5. Color or race white
 6. (a) Single, widowed, married, divorced widowed
 6. (b) Name of husband or wife Heinrich Meier
 6. (c) Age of husband or wife if alive Dead years
 7. Birth date of deceased January 15th 1863
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 6-22-46
 to 7-9-46, 19... to 7-9-46, 19...
 that I last saw her alive on 7-9-46, 19...
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>5</u>	<u>25</u>	hr. _____ min. _____

Immediate cause of death
Hypostatic Pneumonia
 Due to Cerebral Apoplexy
 Due to.....

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.....
 Of autopsy.....

11. Industry or business
 12. Name J. Frederick Mahnken
 13. Birthplace Hanover Germany
(City, town, or county) (State or foreign country)
 14. Maiden name Metta Haase
 15. Birthplace Hanover Germany
(City, town, or county) (State or foreign country)
 16. (a) Informant Edwin Meier
 (b) Address Cole Camp Rural

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

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 13, 1946
(Month) (Day) (Year)
 (c) Place: burial or cremation Monsees Cemetery
 18. (a) Signature of funeral director E. K. Eichmayer
 (b) Address Cole Camp Mo
 19. (a) Aug. 3, 1946 (Date received local registrar) (b) Pauline Harms (Registrar's signature)

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?
 While at work? (Specify type of place).....
 (e) Means of injury.....
 23. Signature A. W. Moulard (M. D. or other) MD
 Address Cole Camp, Mo Date signed 7-11-46

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

25088

27

RECEIVED

Di. No. 71

District 7-46-8-23

Date Filed 8-14-46

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. Z. 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.