V. S. No. 2
00M—8-43
ev. 5-17-39
I X37823

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. 29471

FILED SEP 18 1946

Registration District No. 13 Primary Registration District No. 5057 Registrar's No. 66

1. PLACE OF DEATH:

(a) County Barry

(b) City or town Rural "N Kings Prairie Twsp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether years, months or days) In this community Entire life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry

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

(d) Street No. Kings Prairie Township
(If rural, give location)

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

If yes, name country none

3. (a) PRINT FULL NAME Elizabeth Ann Birkenbach

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife Frank J Birkenbach

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased March (Month) 10 (Day) 1892 (Year)

8. AGE: Years 54 Months 5 Days 3 If less than one day ____ hr. ____ min.

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

10. Usual occupation Housewife

11. Industry or business Home

FATHER
12. Name Adam Landofl
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Caroline Honeycamp
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Frank J Birkenbach

(b) Address R 1 Monett Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 16 1946 (Month) (Day) (Year)

(c) Place: burial or cremation Mt Calvary - Monett Mo

18. (a) Signature of funeral director Callaway's

(b) Address Monett mo

19. (a) 8-15-46 (Date received local registrar) (b) W. M. West (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 13 year 1946 hour 7 minute 25 A.M.

21. I hereby certify that I attended the deceased from 12/31/44, 19__, to 8/13/46, 19__; that I last saw her alive on 8/10/46, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death metastatic carcinoma long bones & pelvic bones	3 yrs
Due to pst of recurrence mammary carcinoma	5 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death) multiple pathologic fractures.	

Major findings:
Of operations
Of autopsy 50

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 0

23. Signature F. J. Morning (M. D. or other)

Address Monett Mo Date signed 8/15/46

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 946-949
Date Filed SEP 15 1946

OCT 27 1942

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 J. W. Buchanan

Licensed Embalmer No. 3179

P. O. Address Monett 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.