S. No. 2
M—5-43
. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 30 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29951

Registration District No. 116 Primary Registration District No. 3020 Registrar's No. 92

1. PLACE OF DEATH:

(a) County Franklin.

(b) City or town Washington. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 715 ElmSt. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None. (Specify whether

In this community 12 days. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin 36

(c) City or town Washington (If outside city or town limits, write "RURAL") 6

(d) Street No. 715 ElmSt. (If rural, give location) 2

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

If yes, name country x

3. (a) PRINT FULL NAME Kenneth Wilbert Eckelkamp.

3. (b) If veteran, name war x

3. (c) Social Security No. x

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife x

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

7. Birth date of deceased September (Month) 9th, (Day) 1946 (Year)

8. AGE: Years 0 Months 0 Days 12 If less than one day hr. min.

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

10. Usual occupation x

11. Industry or business x

MOTHER FATHER

12. Name Wilbert H. Eckelkamp.

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

14. Maiden name Marie C. Riegel.

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

16. (a) Informant Fred C. Buhr

(b) Address Washington, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 21, 1946 (Month) (Day) (Year)

(c) Place: burial or cremation Washington, Mo.

18. (a) Signature of funeral director Gilbung & Utt, Inc.

(b) Address Washington, Mo.

19. (a) 9/24/46 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 21st. year 1946 hour 2:00 minute 10 A. M.

21. I hereby certify that I attended the deceased from Sept 9, 1946, to Sept 30, 1946, that I last saw him alive on Sept 30, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death strangulation due to asphyxiation vomitus

Due to Bronchitis.

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 1950

Of autopsy 1919

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)

While at work? (e) Means of injury 0

23. Signature L. Mizuch (M. D. or other) M. D.

Address Washington Mo. Date signed 9/24/46

(Licensed Embalmer's Statement on Reverse Side)

99

RECEIVED
District Health ... No. 9,
District File Number 2-46-185
Date Filed 2-30-46

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.....

Licensed Embalmer No. 2387

P. O. Address Washington 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.