

FEDERAL SECURITY AGENCY

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

National Office of Vital Statistics
FILED JAN 6 1947

Registrar's No. 35

Registration District No.

Primary Registration District No. 4016

1. PLACE OF DEATH:

(a) County Atchison
(b) City or town Tarkio
(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 5 1/2 yrs (Specify whether
In this community 5 1/2 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Atchison
(c) City or town Tarkio
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME Etta Marie Steinkamp

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced wid
6. (b) Name of husband or wife Henry F. Steinkamp 6. (c) Age of husband or wife if alive 47 years
7. Birth date of deceased June 17, 1876
(Month) (Day) (Year)

8. AGE: Years 71 Months 5 Days 7 If less than one day hr min

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

10. Usual occupation at home

11. Industry or business

12. Name Ben F. Gebhards

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

14. Maiden name Freda Luken

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

16. (a) Informant Mrs. Grant Rolf

(b) Address Tarkio, Mo.

17. (a) burial (b) Date thereof 11/26/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Johns Cemetery

18. (a) Signature of funeral director Davis Funeral Home

(b) Address Tarkio, Mo.

19. (a) 11-27-47 (b) Mrs. G. B. Cunningham
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 24
year 1947 hour 6 minute 15 p. a. m.

21. I hereby certify that I attended the deceased from Nov 1
1947 to Nov 24 1947
that I last saw him alive on Nov 24 1947
and that death occurred on the date and hour stated above. Duration

Immediate cause of death Branchio Pneumonia
Cerebral Hemorrhage
Due to

Due to

Other conditions none
(Include pregnancy within 3 months of death)
Major findings: none
Of operations: none
Of autopsy: none

PHYSICIAN
Underline the cause of 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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature E. W. Smith (M. D. or D.V.M.) 11/26/47
Address Tarkio, Mo. Date signed

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

MOTHER FATHER

DISTRICT HEALTH OFFICE
Cameron, Mo.

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. M. Davis

Licensed Embalmer No. 2394

P. O. Address Tarkio, 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.