

S. No. 2
1-9-43
5-17-39
P I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 16 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

116

State File No.

Registration District No. 81

Primary Registration District No. 5707

Registrar's No. # 42

1. PLACE OF DEATH:

(a) County Benton

(b) City or town Lincoln Rural White Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
6 Miles North of Lincoln /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution No
(Specify whether

In this community 89 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Benton

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

(d) Street No. 6 Miles North of Lincoln
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Fred Keuper

(b) If veteran, name war No

(c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 2
year 1948 hour 6 minute 30 A. M.

21. I hereby certify that I attended the deceased from 9-14-46
19... to 1-2-48 19...;
that I last saw him alive on 12-31-47 19...;
and that death occurred on the date and hour stated above.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife Mrs Agnes Keuper

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

7. Birth date of deceased May 1st 1858
(Month) (Day) (Year)

8. AGE: Years 89 Months 8 Days 1
If less than one day hr. min.

Immediate cause of death.....
Myocardial Failure

Due to Arterial Hypertension

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

10. Usual occupation At Home, Retired Farmer

11. Industry or business.....

MOTHER FATHER { 12. Name Henry Keuper

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Luebke

15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Claus Hesse

(b) Address Cole Camp Mo

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof Jan 6, 1948
(Month) (Day) (Year)

(c) Place: burial or cremation Immanuel, North Lincoln

18. (a) Signature of funeral director E. L. Eichhoff

(b) Address Cole Camp Mo

19. (a) 1-3-1948 (Date received local registrar)

(b) E. L. Eichhoff (Registrar's signature)

Major findings:
Of operations..... 102

Of autopsy.....

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 E. L. Eichhoff (M. D. or other) Ed.

Address Cole Camp, Mo Date signed 1-3-48

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

RECEIVED

District Health Officer No. 7,

District File Number 1-48-56

Date Filed 2-13-48

MON 27 1956

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. L. Dickhoff

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.