

FILED APR 14 1948

Registration District No. 31

Primary Registration District No. 4040

Registrar's No. 14

1. PLACE OF DEATH:

(a) County Benton
(b) City or town Cole Camp
(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 35 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Benton
(c) City or town Cole Camp
(If outside city or town limits, write "RURAL")
(d) Street No. None
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME Anna Adelheid Meyer

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 widowed

6. (b) Name of husband or wife Henry
6. (c) Age of husband or wife if alive years

7. Birth date of deceased October 1st 1864
(Month) (Day) (Year)

8. AGE: 83 Years 6 Months 4 Days
If less than one day hr. min.

9. Birthplace Cole Camp 3 Miles S.W. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER {
12. Name Henry Brunjes
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Adelheid Boettjer
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Label Meyer
(b) Address Cole Camp Mo

17. (a) Burial (b) Date thereof Apr 8, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Trinity Lutheran Cemetery

18. (a) Signature of funeral director E. L. Eickhoff
(b) Address Cole Camp Mo

19. (a) 4-7-48 (b) E. L. Eickhoff
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5th
year 1948 hour 5:45 minute 45 A.
over one year.

21. I hereby certify that I attended the deceased from April 1st, 1948 to April 5th, 1948.
or April 1st, 1948.
that I last saw h. alive on April 1st, 1948, 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death
Chronic Myocarditis.
Non Toxic Goiter.

Due to
Due to

Other conditions Senility and Arterio-Sclerosis ?
(Include pregnancy within 3 months of death)

Major findings: None.
Of operations
Of autopsy None.

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

22. If death was due to external causes, fill in the following:
Natural causes.

(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) (c) Means of injury 0

23. Signature Dr. J. P. Daniels M.D. (M. D. or other)
Address Adalia Mo. Date signed 4-7-48

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

RECEIVED

District Health Officer N

District File Number 3-48-

Date Filed 4-12-48

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. 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.