

S. No. 2
 DM-5-42
 v. 5-17-39
 X32873

15955

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUN 1 1948

Registration District No. 20

Primary Registration District No. 5446

Registrar's No. 46

1. PLACE OF DEATH:
 (a) County Gentry
 (b) City or town RURAL COOPER TOWNSHIP
(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 _____
(Specify whether)
 In this community 29-0-0
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Gentry 38
 (c) City or town RURAL
(If outside city or town limits, write "RURAL")
 (d) Street No. Three Miles North West of Stanberry
(If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME John George Eibergen.
 3. (b) If veteran, name war None
 3. (c) Social Security No. ✓

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month MAY day 15
 year 1948 hour 11 minute 15 A.M.

4. Sex Male 5. Color or race Wht. 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Maud Eibergen 6. (c) Age of husband or wife if alive 62 years
 7. Birth date of deceased (Month) 4 (Day) 5 (Year) 1880

21. I hereby certify that I attended the deceased from April 10, 1948 to May 15, 1948
 that I last saw him alive on May 15, 1948
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
68 1 10 hr. min.

Immediate cause of death Cerebral Embolism
 Due to Chronic Ind. Cardit.
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations 92h
 Of autopsy _____

9. Birthplace DeKalb County Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation FARMER
 11. Industry or business Stock Raising
 12. Name Balthas Eibergen
 13. Birthplace Germany
(City, town, or county) (State or foreign country)
 14. Maiden name Genevieve Probst
 15. Birthplace Marysville Missouri
(City, town, or county) (State or foreign country)

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

16. (a) Informant Leo Eibergen
 (b) Address Stanberry Missouri
 17. (a) BURIAL (b) Date thereof MAY - 18 - 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Mount Calvary at Stanberry
 18. (a) Signature of funeral director Edward Johnson
 (b) Address Last 2nd St Stanberry Missouri
 19. May 17 - 1948 (Date received local registrar) James N. Probst (Registrar's signature) 103

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 _____
 23. Signature E. Johnson (M. D. or other) _____
 Address Stanberry Mo. Date signed 5/18/48

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

800

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 _____,

Jean Johnson _____, Registered Apprentice No. _____,
working under my personal supervision.

Signed *Jean Johnson* _____

Licensed Embalmer No. *3492* _____

P. O. Address *Stansbury 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.