

FILED AUG 10 1948

Registration District No. 137

Primary Registration District No. 2023

State File No.

Registrar's No. 164

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Clinton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Monroe's Rest Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 months (Specify whether years, months or days)
In this community 9 months

3. (a) PRINT FULL NAME

Hendrich Eickhoff
3. (b) If veteran, name war No 3. (c) Social Security No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single ()
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive 25th 1872 years (Month) (Day) (Year)
7. Birth date of deceased Sept 25th 1872 (Month) (Day) (Year)

8. AGE: 75 Years 10 Months 28 Days If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business

12. Name Jost Eickhoff 4
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Sophia Toboan
15. Birthplace Benton County Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Anna Euehler
(b) Address Cole Camp Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 4th 1948 (Month) (Day) (Year)
(c) Place: burial or cremation St Paul Cemetery

18. (a) Signature of funeral director E. E. Eickhoff
(b) Address Cole Camp Mo
19. (a) 8-4-48 (Date received local registrar) (b) R. R. Kenney (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Benton 8
(c) City or town Cole Camp 1
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 28 year 1948 hour 8 minute P M.

21. I hereby certify that I attended the deceased from 7/12 1948 to 7/28 1948
that I last saw him alive on 7/24 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Failure
Impacted fracture neck of right Femur
Due to Senile Dementia
Other conditions (Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings: Of operations None 46
Of autopsy None 10
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) 4-2
(b) Date of occurrence Clinton Mo
(c) Where did injury occur? at home (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work No (Specify type of place) (e) Means of injury Fell
23. Signature E. E. Eickhoff 21/8
Address Clinton Mo Date signed 7/29/48

RECEIVED

District Health Officer No. 1

District File Number 2-48-212

Date Filed 8-9-48

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.