U. S. No. 2
M—11-10-39
Rev. 5-17-39
Form I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 10 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21971

Registration District No. 668 — Primary Registration District No. 5892 — Registrar's No. 237

1. PLACE OF DEATH:
(a) County: Pettis
(b) City or town: Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 Smithton Twp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community 70 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Pettis 80
(c) City or town: Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. 10 miles South of Smithton 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME: Johanna Eichholz
3. (b) If veteran, name war: ____ 3. (c) Social Security No.: 0
4. Sex: female | 5. Color or race: white | 6. (a) Single, widowed, married, divorced: widowed
6. (b) Name of husband or wife: Carl Eichholz
6. (c) Age of husband or wife if alive: Deceased years
7. Birth date of deceased: Dec (Month) 13 (Day) 1857 (Year)

8. AGE: Years	Months	Days	If less than one day
90	6	6	____ hr. ____ min.

9. Birthplace: Florence Morgan Co. Mo (City, town, or county) (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: ____

MOTHER
12. Name: Do not know
13. Birthplace: Germany (City, town, or county) (State or foreign country)

FATHER
14. Maiden name: John Mertgen
15. Birthplace: Germany (City, town, or county) (State or foreign country)

16. (a) Informant: Arthur Eichholz
(b) Address: Mora Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-21-42 (Month) (Day) (Year)
(c) Place: burial or cremation: Saint Ann
18. (a) Signature of funeral director: G. F. Neuman
(b) Address: Smithton Mo
19. (a) 6-20-42 (Date received local registrar) (b) Mrs Emma Berger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19 year 1942 hour 1 minute 30 A.M.

21. I hereby certify that I attended the deceased from March 1, 1942, to June 19, 1942, that I last saw h[illegible] alive on June 18, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chron. Myocarditis	
Due to: Senility	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: ____
Of autopsy: ____

PHYSICIAN — 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): ____
(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 kind of place)
While at work? ____ Means of injury: ____

23. Signature: G. F. Neuman (M. D. or other)
Address: Smithton Mo Date signed 6/20/42

1022 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number:
Date Filed 7-9-42

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 A. F. Rennecker

Licensed Embalmer No. 3912

P. O. Address Appleton 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, above space should be left blank.