

REC'D MAR 15 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

6682

Do not use this space.

1. PLACE OF DEATH

(a) County FranklinRegistration District No. 297

(b) Township

Primary Registration District No. 3016(c) City Washington(d) Street No. St. Francis HospitalRegistered No. 19

(e) Length of residence in city or town where death occurred

(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 309 Fair St. Washington, Mo.

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female4. COLOR OR RACE White5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 6, 19387. AGE YEARS MONTHS DAYS 0 0 0 At LESS than 1 day, 0 hrs. or 10 min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 15 1/212. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington, Mo.FATHER 13. NAME Frank C. Eckelkamp14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chillicothe, MissouriMOTHER 15. MAIDEN NAME Barbara Louise16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Krapow, Missouri17. INFORMANT (ADDRESS) Frank Eckelkamp, Washington, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Washington, Mo. DATE Feb. 6, 193819. FUNERAL DIRECTOR (ADDRESS) Nichols & Vittius, Washington, Mo.20. FILED Feb. 7, 1938Local Registrar. H. A. May

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 6, 193822. I HEREBY CERTIFY, That I attended deceased from Feb 6, 1938, to Feb 6, 1938I last saw her alive on Feb 6, 1938 Death is saidto have occurred on the date stated above, at 12:10 P.M.

The principal cause of death and related causes of importance were as follows:

Pneumonia BirthPeriod of uterine gestation 6 mo.15 1/2Other contributory causes of importance: None knownName of operation None Date of 5What test confirmed diagnosis Smear Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) R. R. Carrel M. D.(Address) Washington, Mo.

STATEMENT BY LICENSED EMBALMER

I, Lester A. Witt, Licensed Embalmer No. 3254
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me

..... L. E.
No. or by
working under my personal supervision.

Signed Lester A. Witt Registered Apprentice No.
Licensed Embalmer No. 3254

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.)