

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Registration District No. 59

Primary Registration District No. 5094

1. PLACE OF DEATH:
 (a) County Benton
 (b) City or town Lincoln-RuBel-Williams Township
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 2
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days

3. (a) PRINT FULL NAME Mrs Beatrice Laura Kule 400
 (b) If veteran, name war _____
 (c) Social Security No. _____

4. Sex female 5. Color or race White
 6. (a) Single, widowed, married, divorced, Married
 (b) Name of husband or wife O. F. Kule
 (c) Age of husband or wife if alive 55 years
 7. Birth date of deceased February 7th 1895
 (Month) (Day) (Year)

8. AGE: <u>44</u> Years	Months <u>10</u>	Days <u>5</u>	If less than one day hr. _____ min. _____
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9. Birthplace Keokuk Iowa
 (City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

12. Name Fredrick Gottlieb Graf
 13. Birthplace Germany
 (City, town, or county) (State or foreign country)

14. Maiden name Minnie Beckham
 15. Birthplace Clark County Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature O. F. Kule
 (b) Address Lincoln Mo R D

17. (a) burial (b) Date thereof Dec 14 1939
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Union

18. (a) Signature of funeral director P. L. Eickhoff
 (b) Address Cole Camp Missouri 63

19. (a) 12-14-39 (b) Sue Selover
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 1
 (a) State Missouri (b) County Benton
 (c) City or town Lincoln Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 12
 year 1939 hour 4 minute 40 P. M.

21. I hereby certify that I attended the deceased from 12-5- 1939, to 12-12- 1939;
 that I last saw her alive on 12-12- 1939;
 and that death occurred on the date and hour stated above.

Immediate cause of death Diabetic Coma Duration _____

Due to _____
 Due to 59 _____
 Other conditions (Include pregnancy within 3 months of death) _____

Major findings:
 Of operations _____
 Of autopsy _____
 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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature P. L. Eickhoff (M. D. or other) 1
 Address Cole Camp Mo Date signed 12-14-39

AUG 13 1941

RECEIVED

District Health Officer No. 7,

District File Number 1-40-105-

Date Filed 1-10-40

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. Z. Eickhoff

Licensed Embalmer No. 10730

P. O. Address Overcamp, Md

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.