

Registration District No. 100

Primary Registration District No. 5074

Registrar's No. 80

NOV 19 1940

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

1. PLACE OF DEATH:

(a) County Bates
 (b) City or town Mt Pleasant Twp.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Home
(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 Florence Belle Eckert

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 10 1859
(Month) (Day) (Year)

8. AGE: Years 81 Months 4 Days 13 If less than one day _____ hr. _____ min.

9. Birthplace Lucas Co. Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Housewife

12. Name James Van Benthusen

13. Birthplace unknown
(City, town, or county) (State or foreign country)

14. Maiden name Wolter

15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant James Eckert

(b) Address Butler Mo.

17. (a) Buried (b) Date thereof Oct 25 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dak Hill

18. (a) Signature of funeral director Culver 53

(b) Address Butler Mo

19. (a) Oct 25 1940 (b) Nina L Culver
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Bates
 (c) City or town Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. Mt. Pleasant Twp
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 23
 year 1940 hour 7 minute 40 A. M.

21. I hereby certify that I attended the deceased from Oct. 16
1940 to Oct. 20, 1940,
 that I last saw her alive on Oct. 20, 1940,
 and that death occurred on the date and hour stated above.

Immediate cause of death mitral insufficiency
 Duration _____
 Due to _____
 Due to _____

Other conditions infected fibroid of several years standing
(Include pregnancy within 3 months of death)

Major findings: None
 Of operations: _____
 Of autopsy: none
 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? _____

While at work? _____ (Specify type of place)
 (e) Means of injury _____
 23. Signature C. A. Lusk (M. D. or other) _____
 Address Butler Missouri Date signed 10/25/40

RECEIVED

District Health Officer No. 7,

District File Number 11-40-1607

Date Filed 11-12-40

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, ~~by~~.....

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

R. D. Penton

Licensed Embalmer No.

4123

P. O. Address.....

Butte, W

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.