

FILED DEC 14 1940

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

Do not use this space.

38093

1. PLACE OF DEATH

County Benton Registration District No. 8
Township Rinsay Primary Registration District No. 202
City Wilton (No. 2) St. _____ Ward _____

File No. _____

Registered No. 19

2. FULL NAME

(a) Residence, No. Benton Co. no. 0 St. Rural Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Tillie, Kerken

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug, 8 1883

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 3 22

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

FATHER

MOTHER

12. BIRTHPLACE (CITY OR TOWN) Lincoln
(STATE OR COUNTRY) Missouri13. NAME Herman Gerken14. BIRTHPLACE (CITY OR TOWN) Lincoln
(STATE OR COUNTRY) Missouri15. MAIDEN NAME Anna Meuschke16. BIRTHPLACE (CITY OR TOWN) Lincoln
(STATE OR COUNTRY) Missouri17. INFORMANT Norman Steffen
(ADDRESS) Lincoln Missouri18. BURIAL, CREMATION, OR REMOVAL PLACE Zion Luth-Ceme DATE Dec. 1st 19. 4019. UNDERTAKER J. B. Calbert
(ADDRESS) Lincoln Mo20. FILED Dec. 7 1940 Mr. Amy K. Rhodes
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 30 194022. I HEREBY CERTIFY, That I attended deceased from 10/26/1940, 19____, to 11/29, 1940I last saw him alive on 11/29, 1940 Death is saidto have occurred on the date stated above, at 10⁰⁰A.M.

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

Carcinoma of Colon
with metastases to all
abdominal viscera.

Date of onset

June 1939

Other contributory causes of importance:

Post operative toxemia
from Colostomy and
artificial anus
Colostomy
Name of operation _____ Date of 11/7/40
What test confirmed diagnosis: Path. Spec. 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) C. E. Bennett M. D.(Address) Lincoln, Mo.

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

RECEIVED

District Health Officer No. 7₁

District File Number 12-40-1755

Date Filed 12-11-40