

No. 2  
4-13-40  
5-17-39  
I X23159

State File No. \_\_\_\_\_

APR 9 1941

Registration District No. 8

Primary Registration District No. 201

Registrar's No. 7

1. PLACE OF DEATH: Benton  
 (a) County Benton  
 (b) City or town Cole Camp  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: \_\_\_\_\_  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
 In this community 79 Yrs 1 Month 5 Days: (Specify whether  
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Benton  
 (c) City or town Cole Camp  
 (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.? 0 years.

3. (a) PRINT FULL NAME Mrs Wilhemina Eding  
 3. (b) If veteran, name war No  
 3. (c) Social Security No. No

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month March day 13th  
 year 1941 hour 3 minute 00 P. M.

4. Sex Female 5. Color or race white  
 6. (a) Single, widowed, married, divorced widowed  
 6. (b) Name of husband or wife Moritz Eding 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased February 8th 1862  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 6, 1941, to March 13, 1941;  
 that I last saw her alive on March 13, 1941,  
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
<u>79</u>		<u>1</u>	<u>5</u>	_____ hr. _____ min.

Immediate cause of death Intestinal Obstruction  
 Due to Post-operative Adhesions  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
 (Exclude pregnancy within 3 months of death)

Duration 7 days

9. Birthplace Mt Hulda Benton County Missouri  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation At Home

Major findings:  
 Of operations NO Operation  
 Of autopsy Confirmation of Diagnosis

PHYSICIAN  
 Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_  
 12. Name Henry Boetjer  
 13. Birthplace Germany  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Meta Finken  
 15. Birthplace Germany  
 (City, town, or county) (State or foreign country)

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? \_\_\_\_\_

16. (a) Informant Dora Owens  
 (b) Address Cole Camp Missouri  
 17. (a) Burial (b) Date thereof March 16, 1941  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Trinity Lutheran Cemetery

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
 23. Signature J. D. Bennett (M. D. or other) MD  
 Address Cole Camp, Mo Date signed 3-14-41

18. (a) Signature of funeral director E. L. Bickhoff  
 (b) Address Cole Camp Missouri 63  
 19. (a) 3-14-41 (b) Sue Selover  
 (Date received local registrar) (Registrar's signature)

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

RECEIVED

District Health Officer No. 7,

District File Number 4-41-601

Date Filed 4-7-41

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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 L. Eickhoff

Licensed Embalmer No. 730

P. O. Address Cole Camp Missouri

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, fact should be so stated above.