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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 8

Primary Registration District No. 201

Registrar's No. 7

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

1. PLACE OF DEATH:
 (a) County Benton
 (b) City or town Cole Camp *sun*
(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 14 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Benton 7
 (c) City or town Cole Camp 0
(If outside city or town limits, write "RURAL") 0
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 72 Years 1 years.

3. (a) PRINT FULL NAME Claus Steffens

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month April day 9
 year 1942 hour 4 minute 00 A. M.

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

21. I hereby certify that I attended the deceased from June 38 to 4-9 1942
 that I last saw him alive on 4-7 1942
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color White race
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Mrs Louisa Steffens 6. (c) Age of husband or wife if alive 76 years
 7. Birth date of deceased October 17th 1862
(Month) (Day) (Year)

Immediate cause of death Myocarditis
 Due to _____
 Due to _____

8. AGE: Years	Months	Days	If less than one day
<u>79</u>	<u>5</u>	<u>22</u>	hr. _____ min. _____

Other conditions Prostatitis
(Include pregnancy within 3 months of death)
 Major findings:
 Of operations 93e
 Of autopsy _____

9. Birthplace Germany
(City, town, or county) (State or foreign country)

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Henry Steffens
 13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Unknown
 15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Louisa Steffens
 (b) Address Cole Camp Mo
 17. (a) Burial (b) Date thereof April 11, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

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? _____

18. (a) Signature of funeral director E. S. Euckhoff
 (b) Address Cole Camp Mo

While at work? _____ (Specify type of place)
 (e) Means of injury 5

19. (a) 4-11-1942 (b) Sue Selover
(Date received local registrar) (Registrar's signature)

23. Signature T. J. Bessey (M. D. or other) MD
 Address Cole Camp Mo Date signed 4-8-42

62

RECEIVED

District Health Officer No. 7,

District File Number 5-42-476

Date Filed 5-11-42

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 BL Eachus.....

Licensed Embalmer No. 730.....

P. O. Address Cole Camp Mo.....

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.