

No. 2
5-42

FILED **SEP 9 1943** 36
Registration District No. **36**

Primary Registration District No. **3006**

Registrar's No. **203**

1. PLACE OF DEATH:

(a) County **Boone**
(b) City or town **Columbia**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
706 Maryland Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether)
In this community **40 Years**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Boone**
(c) City or town **Columbia**
(If outside city or town limits, write "RURAL")
(d) Street No. **706 Maryland**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME **ROSA HENRIETTA ANNA EITZEN**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced, **Single**

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

7. Birth date of deceased **9 - 11 - 1859**
(Month) (Day) (Year)

8. AGE: Years **83** Months **11** Days **20** If less than one day hr. min.

9. Birthplace **Washington Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Nurse**

11. Industry or business

12. Name **Henry C. Eitzen**

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

14. Maiden name **Therese Biefenstahl**

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

16. (a) Informant **Miss Hertha Eitzen**
(b) Address **706 Maryland, Columbia, Mo.**

17. (a) **Cremation** (b) Date thereof **9-2-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Kansas City, Mo.**

18. (a) Signature of funeral director **Parkers Funeral**

(b) Address **Columbia, Mo.**

19. (a) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug.** day **31**
year **1943** hour **7:30** minute **A.** M.

21. I hereby certify that I attended the deceased from **Jan 25th 1945 to Aug 31 1943**
that I last saw her alive on **Aug 31 1943**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary occlusion**
Due to **arterio-sclerosis**
General aqe

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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?

23. Signature **Paul S. ...** M. D. or other
Address **...** Date signed **9/1/43**

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

MOTHER FATHER

1250

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

Chas. Perry
.....
Licensed Embalmer No. *4182*
.....
P. O. Address *Columbia*
.....

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.

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