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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 13 1944

Registration District No. 31

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21027

Primary Registration District No. 4040

Registrar's No. 23

1. PLACE OF DEATH:

(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 1 (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County BENTON 8

(c) City or town COLE CAMP 0
(If outside city or town limits, write "RURAL") 0

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME VERNETTA EICKHOFF

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 MARRIED

6. (b) Name of husband or wife EDWARD

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased 1 (Month) - 9 (Day) - 1884 (Year)

8. AGE: Years 60 | Months 5 | Days 19 | If less than one day hr. min.

9. Birthplace COLE CAMP (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business

FATHER
12. Name C. P. MICHAELIS
13. Birthplace BENTON Co. (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name MARGARET MAHNKEN
15. Birthplace BENTON Co. (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant EDWARD EICKHOFF
(b) Address COLE CAMP, Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7-2-44 (Month) (Day) (Year)
(c) Place: burial or cremation COLE CAMP, Mo

18. (a) Signature of funeral director Gillespie
(b) Address SEDALIA, Mo

19. (a) 6-30-44 (Date received local registrar) (b) Pauline Harms (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 28TH
year 1944 hour 11 minute 45 P.M.

21. I hereby certify that I attended the deceased from May 24, 1944, to June 28, 1944
that I last saw her alive on June 26, 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary occlusion	6
Due to Heart disease - myocarditis	4 yrs
mitral insufficiency	2
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 93d
Of autopsy

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?
(Specify type of place)
While at work? (e) Means of injury 0

23. Signature Chas D Chome (M. D. or other)
Address Sedalia Mo Date signed 6-29-44

1541

(Licensed Embalmer's Statement on Reverse Side)

AUG 3 1944

RECEIVED
District Health Officer No. 7,
District File Number 6-44-836
Date Filed 7-12-44

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 C. E. Bouldin

Licensed Embalmer No. 3867

P. O. Address Sedalia Mo

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

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