

FILED APR 5 1945

Primary Registration District No. 4341

Registrar's No. _____

1. PLACE OF DEATH:

(a) County. Montgomery

(b) City or town. Bellflower Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community. 53 years
years, months or days

3. (a) PRINT FULL NAME. John H. Suhrkamp

3. (b) If veteran, name war. No

3. (c) Social Security No. None

4. Sex. Male White

5. Color or race White

6. (a) Single, widowed, married, divorced. Widower

6. (b) Name of husband or wife. Lizzie C. Rickhoff.

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

7. Birth date of deceased. 6 17 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

84 8 16 hr. _____ min.

9. Birthplace Dubois Co Indiana. 1
(City, town, or county) (State or foreign country)

10. Usual occupation. Ret Carpenter

11. Industry or business. Building general duties

12. Name. Phillip Suhrkamp 9

13. Birthplace. Unknown 1
(City, town, or county) (State or foreign country)

14. Maiden name. Wilhelmina Stotman. 11

15. Birthplace. Unknown 1
(City, town, or county) (State or foreign country)

16. (a) Informant. Mrs. Josephine Schroer

(b) Address. Jefferson City Mo

17. (a) Burial (b) Date thereof. 3-5-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Bellflower Mo

18. (a) Signature of funeral director. O. A. Jones

(b) Address. Bellflower Mo.

19. (a) 3-10-1945 (b) Lillie Gaffers
(Date received local registrar) (Registrar's signature) dept.

2. USUAL RESIDENCE OF DECEASED: 70

(a) State. Mo (b) County. Montgomery

(c) City or town. Bellflower 0
(If outside city or town limits, write "RURAL")

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

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3
year 1945 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 1940
Jan. 1940 to March 1, 1945
that I last saw him alive on March 1, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death. Carcinoma of Stomach

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: H6

Of operations _____

Of autopsy _____

Duration

6 mo

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? _____ (a) Means of injury _____

23. Signature William H. Gaffers (M., D. or other) MD

Address Wellsville Date signed 3/17/45

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

7000

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 4-4-45

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.....

Me

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Eland A. Jones

Licensed Embalmer No. 2978

P. O. Address Bellflower 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, above space should be left blank.