

No. 2
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STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14401

FILED APR 29 1947

Registration District No. 258

Primary Registration District No. 4390

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Ossage

(b) City or town Meta, Mo.
(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 years, months or days) 8 1/2 years

3. (a) PRINT FULL NAME Elizabeth Eichholz

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 widowed

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

7. Birth date of deceased Aug 5 1865
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>9</u>	<u>15</u>	hr. min.

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

10. Usual occupation House wife

11. Industry or business _____

12. Name Herman Horst Daniel

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

14. Maiden name Gertrude Plassmeyer

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

16. (a) Informant Casper Eichholz

(b) Address Meta, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 23 1947
(Month) (Day) (Year)

(c) Place: burial or cremation St. Cecilia Cemetery

18. (c) Signature of funeral director H. H. Strop

(b) Address Meta, Mo.

19. (a) 4/21/47 (Date received local registrar) (b) Rose Rowan (Registrar's signature) 231

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ossage 76

(c) City or town Meta
(If outside city or town limits, write "RURAL")

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23
year 1947 hour 5 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from March 10, 1947 to April 20, 1947
that I last saw her alive on April 20, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Crown Thrombosis
Cerebral Thrombosis
Due to arterial sclerosis 3 1/2 years

Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death) g4A

Major findings: _____
Of operations _____

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? _____

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

23. Signature Henry G. Leunberg (M. D. or other)

Address Meta, Mo. Date signed 4/21/47

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

MOTHER FATHER

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 *H H Strop*
Licensed Embalmer No. *2924*
P. O. Address *meta 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.