

Registration District No. **180**

Primary Registration District No. **5673**

1. PLACE OF DEATH:

(a) County **Lincoln**
(b) City or town **Old Monroe Rural**
(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
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Lincoln** **57**
(c) City or town **Old Monroe Rural** **0**
(If outside city or town limits, write "RURAL") **0**
(d) Street No. _____ (If rural, give location) **0**
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Josephine Eusterbrock**

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

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Henry Eusterbrock** 6. (c) Age of husband or wife if alive **74** years
7. Birth date of deceased **July 30 1881**
(Month) (Day) (Year)

8. AGE: Years **65** Months **11** Days **17** If less than one day hr. _____ min. _____

9. Birthplace **Old Monroe Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **House wife**

11. Industry or business _____

MOTHER FATHER

12. Name **Burkemper** 13. Birthplace **Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **Burkemper**
15. Birthplace **Not known**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Lucy Keaveny**

(b) Address **0 Fallon Mo.**
17. (a) **Burial** (b) Date thereof **7-20-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Old Monroe Mo.**

18. (a) Signature of funeral director **Wehde & Keithly**

(b) Address **Old Monroe Mo**

19. (a) **7-20-47** (b) **B.C. Neumilch**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **7** day **17**
year **1947** hour **12** minute **15 P.** M.

21. I hereby certify that I attended the deceased from **7-12**
19 **47** to **7-17** 19 **47**
that I last saw her alive on **7-16** 19 **47**
and that death occurred on the date and hour stated above.

Immediate cause of death **chronic myocarditis** **10 yrs**
Due to **generalized arteriosclerosis**
Due to _____

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:

(c) 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) (c) Means of injury _____

23. Signature **Lawrence B. Bihm** (M. D. or other) **0**
Address **0 Fallon Mo.** Date signed **7-20-47**

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

~~7-29-47~~
RECEIVED
FEB 21 1956

FEB 21 1956

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 E. A. Keithly
Licensed Embalmer No. 822
P. O. Address Fallon 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.