

S. No. 2
 1-8-13
 5-17-39
 P. I. X37823

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
 FILED JAN 13 1948

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

40855

State File No. _____
 Registrar's No. 31

Registration District No. 31 Primary Registration District No. 3709

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

1. PLACE OF DEATH:
 (a) County Benton
 (b) City or town Cole Camp Rural Williamstownsh
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
3 Miles Southwest
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 81 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 Missouri Benton
 (a) State _____ (b) County _____
 (c) City or town Cole Camp Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. 3 Miles Southwest
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT Mrs Elizabeth Grube
 FULL NAME
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month December day 23
 year 1947 hour 1 minute 15 A. M.

4. Sex Female / 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 7. Birth date of deceased November 16th 1866
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 2-27-45, 19____, to 2-23-47, 19____;
 that I last saw her alive on 2-23-47, 19____,
 and that death occurred on the date and hour stated above.

8. AGE: <u>81</u> Years	Months <u>1</u>	Days <u>7</u>	If less than one day hr. _____ min. _____
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Immediate cause of death myocardial Failure
 Due to Essential Hypertension
 Due to _____

9. Birthplace Benton County Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation At Home

Other conditions (Include pregnancy within 3 months of death)
 Major findings:
 Of operations _____
 Of autopsy _____

11. Industry or business _____
 12. Name Jackson Smith
 13. Birthplace Ill /
(City, town, or county) (State or foreign country)
 14. Maiden name Elizabeth Holland
 15. Birthplace Indiana /
(City, town, or county) (State or foreign country)

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 _____

16. (a) Informant Walter Grube
 (b) Address Cole Camp Mo
 17. (a) Burial (b) Date thereof Dec 26, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Union Cemetery
 18. (a) Signature of funeral director E. Z. Eickhoff
 (b) Address Cole Camp Mo
 19. (a) 12-24-1947 (b) E. Z. Eickhoff
(Date received local registrar) (Registrar's signature)

23. Signature P. W. Moulton (M. D. or other) DO
 Address Cole Camp, Mo Date signed 12-24-47

RECEIVED

District Health Officer No. 7,

District File Number 12-47-208

Date Filed 1-12-48

JAN 19 1948

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. L. Eichhoff

Licensed Embalmer No. 730

P. O. Address Cole Camp 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.