S. No. 2
—12-45
5-17-39
I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 20 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15803

Dr. ~~Bruce~~ Mc Kelly

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 124

1. PLACE OF DEATH:

(a) County Cole

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

(c) Name of hospital or institution:
St. Mary's Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 1 day
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole 26

(c) City or town Jefferson City 5
(If outside city or town limits, write "RURAL")

(d) Street No. 216 East Ashley Street 4
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Mrs. Martha Van Eeckhoute

3. (b) If veteran, name war

3. (c) Social Security No. none

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widow 4

6. (b) Name of husband or wife Polycarp VanEeckhoute

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

7. Birth date of deceased November (Month) 6 (Day) 1874 (Year)

8. AGE: Years 73 Months 6 Days 6 If less than one day hr. min.

9. Birthplace Perry County, Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Antone Christisen 4
13. Birthplace Denmark
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary M. Payner
15. Birthplace Perry County, Mo 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Clara Bredeman

(b) Address 5946A Lotus, St. Louis, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May-15-1948 (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter's Cemetery

18. (a) Signature of funeral director Sherp J. Gordon

(b) Address Jefferson City, Missouri

19. (a) 5-17-48 (Date received local registrar) (b) R. P. Dorris MD (Registrar's signature) MR

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 12
year 1948 hour 6 minute P. M.

21. I hereby certify that I attended the deceased from 5-11-48, 19__, to 5-12-48, 19__;
that I last saw her alive on 5-12-48, 19__;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	
Due to Hypertension	
Due to Arteriosclerosis	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 83a	
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

23. Signature Wm. H. McKelly (M. D. or other) MD

Address Jefferson City Mo. Date signed 5-17-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number 5/19/48
Date Filed

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 G. N. Housler, Registered Apprentice No. 42, working under my personal supervision.

Signed Omer Howard Jones Jr.

Licensed Embalmer No. 4411

P. O. Address Jefferson City, 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.