

FILED JUL 10 1948

Registration District No. 89

Primary Registration District No. 4040

Registrar's No. 16

1. PLACE OF DEATH:

(a) County Benton
(b) City or town Cole Camp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 Years
(Specify whether years, months or days)
In this community 20 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Benton
(c) City or town Cole Camp
(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 _____

3. (a) PRINT Caroline Fredricka Louisa Steffens
FULL NAME

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6
year 1948 hour 7 minute 25 A. M.

21. I hereby certify that I attended the deceased from 5-21-48, 1948, to 5-6-48, 1948;
that I last saw her alive on 5-5-48, 1948;
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, divorced Widowed
6. (b) Name of husband or wife Claus Steffens
6. (c) Age of husband or wife if alive Dead years _____
7. Birth date of deceased August 26th 1866
(Month) (Day) (Year)

Immediate cause of death _____

Myocardial Failure

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | <u>81</u> | <u>8</u> | <u>10</u> | hr. _____ min. _____ |

Due to Hypostatic Pneumonia

Due to Cerebral Apoplexy

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

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

10. Usual occupation At Home

11. Industry or business _____

12. Name August Grube

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

14. Maiden name Caroline Roelf

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

16. (a) Informant Mrs Katy Jacobs

(b) Address Canton, Ill

17. (a) Burial (b) Date thereof May 9th 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Cemetery

18. (a) Signature of funeral director E. L. Eichhoff

(b) Address Cole Camp Mo

19. (a) 5-7-1948 (b) E. L. Eichhoff
(Date received local registrar) (Registrar's signature)

Major findings: _____

Of operations _____

Of autopsy _____

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 2

23. Signature A. W. Moreland (M. D. or other) 100

Address Cole Camp, Mo. Date signed 5-7-48

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 7,

District File Number 6-48-780

Date Filed 4-9-48

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.