

REC'D APR 10 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

10568

Do not use this space.

1. PLACE OF DEATH

(a) County Cole Registration District No. 213
(b) Township or City Jefferson City Primary Registration District No. 3014 Registered No. 87
(c) City Jefferson City (d) Street No. St. Marys Loop St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

260 Emil ERTMAN Eucher
(a) Residence, No. Julien St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dorothy Eucher
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY 15, 1896
7. AGE YEARS 42 MONTHS 10 DAYS 15 If LESS than 1 day, hrs. or min.
OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GREEN County Wis.
FATHER 13. NAME August Eucher
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN
MOTHER 15. MAIDEN NAME UNKNOWN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) !
17. INFORMANT Leo Dawson
(ADDRESS) Fulton, MO.
18. BURIAL, CREMATION, OR REMOVAL PLACE Brodhead, Wis. DATE MAR. 31st 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Glen Y. Manpin
700 Court St, Fulton, Mo.
20. FILED 3/31/39 D. B. Bedford M.D.
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 30, 1939
22. I HEREBY CERTIFY That I attended deceased from Mar 18, 1939, to Mar 30, 1939.
I last saw him alive on Mar 30, 1939. Death is said to have occurred on the date stated above, at 6:00 P.M.
The principal cause of death and related causes of importance were as follows:
Bilateral Broncho pneumonia Date of onset 3/18/39
Other contributing causes of importance: acute inflammation of my obstruction of lungs 3/28/39
Name of operation tracheostomy Date of 3/28/39
What test confirmed diagnosis? fol Was there an autopsy? yes
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased?
If so, specify T. P. Leonard M. D.
(Signed) Cent. out (Address) Bluffs

10972

Dr. J. S. Thompson
Practitioner with
Central Divul. Bd.
1922

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.....

John D. Batchelder

....., Registered Apprentice No. *192*

working under my personal supervision.

Signed.....

Glen Y. Manpin

Licensed Embalmer No. *2725*

P. O. Address *Fulton, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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1. PLACE OF DEATH

(a) County Cole Registration District No. 213
(b) Township Jefferson City Primary Registration District No. 3014 Registered No.
(c) City Jefferson City (d) Street No.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Emil Eutman Eucher

(a) Residence, No. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
44 10 15

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER
13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-30-1939

22. I HEREBY CERTIFY, That I attended deceased from

to

I last saw h. alive on

to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

Bilateral Broncho Pneumonia Date of onset

1070 3/28/39

Other contributory causes of importance:

acute Inflammatory

obstruction of Larynx

acute coracoid arthritis 3/28/39

Name of operation tracheotomy Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease of injury in any way related to occupation of deceased?

If so, specify

(Signed) J. P. Leonard, M. D.

(Address) Central Trust Bldg

