

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 6 1939

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Adair 2  
(b) City or town Kirkville  
(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 \_\_\_\_\_

In this community 75-5-19 (Specify whether years, months or days)

8. (a) PRINT FULL NAME Nancy Jane Eittle

8. (b) If veteran, name war no 8. (c) Social Security No. no

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife George Joseph Eittle 6. (c) Age of husband or wife if

7. Birth date of deceased 4 30 1864  
(Month) (Day) (Year)

8. AGE: Years 75 Months 5 Days 14 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Adair Co Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Jacob Anthony

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

14. Maiden name Sarah Ellen Smith

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

16. (a) Informant's own signature Jahn Eittle

(b) Address Kirkville Mo

17. (a) Burial (b) Date thereof 10-22-39  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Park Cem.

18. (a) Signature of funeral director Dee Riley

(b) Address Kirkville Mo

19. (a) Oct 23, 1939 (b) Spencer L. Freeman  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair

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

(d) Street No. 817 W. Sheridan  
(If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 19  
year 1939 hour 10:00 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from JAN.  
1939 to Oct 19, 1939.

that I last saw her alive on Oct 19, 1939  
and that death occurred on the date and hour stated above.

Immediate cause of death pneumonia (bronchial) Duration 2 days

Due to \_\_\_\_\_

Due to 1072

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature C. L. Martin (M. D. or other) Dr

Address Kirkville Mo Date signed 10/23/39

RECEIVED

District Health Officer No. 10

District File Number 10-39-2278

Date Filed NOV 23 1939

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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.....

Licensed Embalmer No.....

P. O. Address.....

**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, above space should be left blank.**