

FILED APR 18 1940
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

11381

State File No. _____

Registration District No. 408

Primary Registration District No. 5563A

Registrar's No. 82

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town "Rural" - Jackson
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Jasper County Infirmary.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 8 Years.
years, months or days 2 11

3. (a) PRINT FULL NAME Joseph Albert Eichelberger.

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

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

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Unknown
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day
About 70 hr. _____ min.

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

10. Usual occupation Unknown

11. Industry or business _____
MOTHER FATHER
12. Name Joseph Eichelberger
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Mary Allen
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mr. Dodson
(b) Address Supt. of County Infirmary.

17. (a) Burial (b) Date thereof 3/28/40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer
(b) Address 1208 S. Garrison Ave., Carthage, Mo.

19. (a) Mar. 28, 1940 (b) E. J. McIntire, M. D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town "Rural" Jackson Township.
(If outside city or town limits, write "RURAL")
(d) Street No. Route #3, Carthage, Mo. County Infirmary.
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26th
year 1940 hour 6: minute 45P. M.

21. I hereby certify that I attended the deceased from 2/20
_____, 1940, to 3/26, 1940
that I last saw him alive on 3/25/40, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage 3/20/40

Due to Hypertension, benign Unknown
Due to _____

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

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
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?
865
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature E. J. McIntire (M. D. or other) MD
Address Carthage Mo Date signed 3/28/40

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.

RECEIVED

District Health Officer No. 6,

District File Number 440-1160

Date Filed APR 15 1940

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. J. [Signature]*

Licensed Embalmer No. 2222

P. O. Address *Parthage*

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.