

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.

REC'D JUN 10 1940

State File No. \_\_\_\_\_

Registration District No. 277

Primary Registration District No. 3018

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

1. PLACE OF DEATH:

(a) County Henry Clinton

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

(c) Name of hospital or institution: Community Clinic  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 hrs.  
(Specify whether)

In this community 8 1/2  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry

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

(d) Street No. N. Side of Square  
(If rural, give location)

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

3. (a) PRINT FULL NAME Perlee A. Eckroate

8. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased April 14 1896  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day Sixth  
year 1940 hour 7<sup>00</sup> minute A. M.

21. I hereby certify that I attended the deceased from 6-5-40  
\_\_\_\_\_ 1940, to 6-6- 1940,

8. AGE: Years 44 Months 1 Days 22 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Lymphatic Leukemia 8 yrs.  
Duration

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

10. Usual occupation Accountant

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

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

Other conditions 72 W  
(Include pregnancy within 3 months of death)

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

MOTHER FATHER

12. Name Frank Eckroate

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

14. Maiden name Esthelle Mack

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

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

Of autopsy Not done

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature M. Herne

(b) Address N. Side of Square

17. (a) Removal (b) Date thereof June 7 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Canton, Ohio

18. (a) Signature of funeral director Spirtz, Son

(b) Address Clinton, Mo.

19. (a) 6-8-40 (b) D. J. R. Hampton  
(Date received local registrar) (Registrar's signature)

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? 3 1/2

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

23. Signature Wm. B. Mill (M. D. or other) \_\_\_\_\_

Address Clinton, Mo. Date signed 6-7-40

**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 *John H. Anderson*

Licensed Embalmer No. *3641*

P. O. Address *Clinton, 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, above space should be left blank.**