

No. 2
4-12-40
5-17-39
I 2117

MAR 11 1941

85

Primary Registration District No. **1001**

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

1. PLACE OF DEATH:

(a) County **BUCHANAN**

(b) City or town **ST. JOSEPH**

(c) Name of hospital or institution: **STATE HOSPITAL No. 29**
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution **4 mos.**
(Specify whether)

In this community **all 5 mos.**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Darriess 11**

(c) City or town **Pattonsburg 1.**
(If outside city or town limits, write "RURAL")

(d) Street No. **rural 7**
(If rural, give location)

(e) If foreign born, how long in U. S. A. **0** years.

3. (a) PRINT FULL NAME **Edward Eiseburt**

3. (b) If veteran, name war **---**

3. (c) Social Security No. **NOTE**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **20** year **1941** minute **0** A. M.

21. I hereby certify that I attended the deceased from **Sept. 20**, 1940, to **Feb. 20**, 1941, and that I last saw him alive on **Feb. 20**, 1941, and that death occurred on the date and hour stated above.

4. Sex **male** 5. Color or race **white**

6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Mary**

6. (c) Age of husband or wife if alive **7** years

7. Birth date of deceased **July 20 1867**
(Month) (Day) (Year)

Immediate cause of death **broncho pneumonia 1 wk.**

Due to **Arteriosclerosis**

Due to **---**

Other conditions **markedly emaciated**
(Include pregnancy within 3 months of death)

8. AGE: Years **73** Months **7** Days **00**
If less than one day **---** hr. **---** min.

9. Birthplace **Pattonsburg 0 Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **farming**

11. Industry or business **---**

MOTHER FATHER

12. Name **Ambridge Eiseburt**

13. Birthplace **Darriess 0 Mo.**
(City, town, or county) (State or foreign country)

14. Maiden name **Lucinda Hyatt**

15. Birthplace **?** **0 Mo.**
(City, town, or county) (State or foreign country)

Major findings: **107**

Of operations **---**

Of autopsy **---**

PHYSICIAN **---**
Underline the cause to which death should be charged statistically.

16. (a) Informant **Clas Eiseburt**

(b) Address **Pattonsburg, Mo.**

17. (a) **Funeral home** (or Date thereof **2/20/41**)
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Pattonsburg, Mo.**

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? **---**

18. (a) Signature of funeral director **J. S. Trimmer**

(b) Address **Pattonsburg, Mo.**

19. (a) **2/20/41** (Date received local registrar)

(b) **M. Eiseburt** (Registrar's signature)

23. Signature **J. J. O'Neil** (M. D. certifier) **G. M. P.**

Address **St. Joseph** Date signed **2/20/41**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate ^{will be} was embalmed by me, or by.....

....., Registered Apprentice No.

working under my personal supervision.

Signed Ica L. Grover

Licensed Embalmer No. 3022

P. O. Address Pattonburg 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.