FILED JUN 9 1941

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18577

Registration District No. 626 Primary Registration District No. 5828 Registrar's No.

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

1. PLACE OF DEATH:

(a) County Nodaway Fund 7

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

(c) Name of hospital or institution: 1 (If not in hospital or institution, write street number or location)

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

In this community 65 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Nodaway 74

(c) City or town Parnell (If outside city or town limits, write "RURAL") 0

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

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME ANNA KLAAS ECHTERLING

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F 1

5. Color or race W

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

6. (b) Name of husband or wife Fred Echterling

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

7. Birth date of deceased July (Month) 7 (Day) 79 (Year)

8. AGE: Years 79 Months 10 Days 7 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business Unknown

FATHER
12. Name
13. Birthplace (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) 9 (State or foreign country)

16. (a) Informant Elias Echterling

(b) Address Parnell, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-3-1941 (Month) (Day) (Year)

(c) Place: burial or cremation St Joseph Cem.

18. (a) Signature of funeral director A. C. Dunfee

(b) Address Grant City, Mo.

19. (a) 6-4-41 (Date received local registrar) (b) Wallace Kennedy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31 year 1941 hour 10 minute 15 P.M.

21. I hereby certify that I attended the deceased from Mar 19, 1941, to May 31, 1941; that I last saw her alive on May 29, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cancer of Stomach	unknown
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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? ✓ (Specify type of place)

5 57 While at work? ✓ (e) Means of injury ✓

23. Signature Egbert Crowson (M. D. ~~or other~~) 0

Address Parnell Mo Date signed June 3-41

(Licensed Embalmer's Statement on Reverse Side) made out after the funeral

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 Arch C. Dunfee

Licensed Embalmer No. 3252

P. O. Address Grant City, M

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

If this body is not embalmed, fact should be so stated above.