

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **84271**  
Registrar's No. **16**

FILLED NOV 13 1941  
Registration District No. **66**

Primary Registration District No. **5102 B**

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

1. PLACE OF DEATH:

(a) County **Bollinger**  
(b) City or town **Rural, Lorance township**  
(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 **Lifetime** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Bollinger**  
(c) City or town **Rural**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **Lorance township**  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME **Martin Casper Eaker**

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 **/ Married**  
6. (b) Name of husband or wife **Angeline Eaker** 6. (c) Age of husband or wife if alive **78** years  
7. Birth date of deceased **July 1, 18** (Month) **1863** (Day) (Year)

8. AGE: Years **78** Months **3** Days **23** If less than one day hr. min.

9. Birthplace **Bollinger Co. Mo.** (City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business

MOTHER FATHER { 12. Name **Wesley Eaker**  
13. Birthplace **Bollinger Co. Mo.** (City, town, or county) (State or foreign country)  
14. Maiden name **Cynthia Shell**  
15. Birthplace **Bollinger Co. Mo.** (City, town, or county) (State or foreign country)

16. (a) Informant **Noah R Eaker**  
(b) Address **Lutesville, Mo. R.R.#1**

17. (a) **Burial** (b) Date thereof **Oct. 26, 1941**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Eaker cemetery**

18. (a) Signature of funeral director **Baker Funeral Home**

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

19. (a) **Nov. 10, 1941** (b) **William H. Newcomb**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **24th**  
year **1941** hour **9:00** minute **A.** M.

21. I hereby certify that I attended the deceased from **19th** **Oct** 19**41** to **Oct 24** 19**41**  
that I last saw him alive on **23rd Oct** 19**41** and that death occurred on the date and hour stated above.  
Immediate cause of death **Chronic nephritis** Duration

Due to.....  
Due to.....  
Other conditions **1318**  
(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 **W. J. M. Henry** (M. D. or other)  
Address **Wheelwater Mo.** Date signed

**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. 3573

working under my personal supervision.

Signed.....

*A. J. Baker*

.....  
Licensed Embalmer No. 3573

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, fact should be so stated above.**