No. 2
-4-41
17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
DEC 15 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

38892

State File No. .....

Registration District No. 595 Primary Registration District No. 5791 Registrar's No. 26

1. PLACE OF DEATH:

(a) County Montgomery

(b) City or town Rural
(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 ..... (Specify whether
In this community 8 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery 70

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

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Sarah Eichar [redacted]

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife T. S. Eichar

6. (c) Age of husband ~~or wife~~ if alive 73 years

7. Birth date of deceased June (Month) 5 (Day) 1869 (Year)

8. AGE: Years 72 Months 5 Days 21 If less than one day ..... hr. ..... min.

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

10. Usual occupation at Home

11. Industry or business House Wife

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

MOTHER
14. Maiden name Lucinda Broden
15. Birthplace ..... (City, town, or county) Ill (State or foreign country)

16. (a) Informant Mrs Claud Brown
(b) Address Radonia Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-28-41 (Month) (Day) (Year)
(c) Place: burial or cremation Burial Wellsville Mo

18. (a) Signature of funeral director F B Miller
(b) Address Wellsville Mo

19. (a) Nov 28 1941 (Date received local registrar) (b) Mrs Mike McDermott (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 26 year 1941 hour 5 minute 9 P.M.

21. I hereby certify that I attended the deceased from Nov 1 1941 to Nov 26 1941 that I last saw her alive on ..... 19..., and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary thrombosis	2 days
Due to myocarditis	years
Due to ✓	
Other conditions ✓ (Include pregnancy within 3 months of death)	

94a

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? ..... (Specify type of place)
While at work ..... (e) Means of injury 0

23. Signature J. Beloud (M. D. or other)
Address Wellsville Mo Date signed 11-29-41

525

(Licensed Embalmer's Statement on Reverse Side)

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 N B Wells

Licensed Embalmer No. 1588

P. O. Address Hillsville Mo

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

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