

1. PLACE OF DEATH:
 (a) County. Adair
 (b) City or town. Kirksville (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Stickler Hospital (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. 7 months (Specify whether years, months or days)
 In this community. lifetime

3. (a) PRINT FULL NAME Della E. Eggert
 3. (b) If veteran, name war. No 3. (c) Social Security No. No

4. Sex Female 5. Color or race White 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 4 1880 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>61</u>	<u>8</u>	<u>7</u>	_____ hr. _____ min.

9. Birthplace. Adair County (City, town, or county) Mo (State or foreign country)

10. Usual occupation. Sales Clerk

11. Industry or business. Ready to wear

12. Name. John Eggert

13. Birthplace. Hamburg (City, town, or county) Germany (State or foreign country)

14. Maiden name. Matilda Bailey

15. Birthplace. Kokomo (City, town, or county) Ind. (State or foreign country)

16. (a) Informant. A. M. Ebert

(b) Address. Kirksville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof. 12/14/41 (Month) (Day) (Year)

(c) Place: burial or cremation. Forest Cemetery

18. (a) Signature of funeral director. Keith Collier

(b) Address. Kirksville, Mo.

19. (a) 12/15/41 (Date received local registrar) (b) Mr. J. W. Danner (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State. Missouri (b) County. Adair
 (c) City or town. Kirksville Mo. (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec. day 11 th year 1941 hour 12:40 minute 9 M.
 21. I hereby certify that I attended the deceased from April 1941 to Dec. 11 1941
 that I last saw her alive on Dec. 11 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death. Carcinomatosis General
Carcinoma of Breast
 Due to _____
 Due to _____
 Other conditions. _____ (Include pregnancy within 3 months of death)

Major findings: 50
 Of operations. _____
 Of autopsy. _____

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 Dr. Stickler (M. D. or other) _____
 Address Kirksville Mo Date signed 12-16-41

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 10

District File Number 1-42-176

Date Filed JAN 27 1942

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 Keith Collier

Licensed Embalmer No. 3632

P. O. Address Kirksville 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.