

FILED FEB 10 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1712

Registration District No. 8.7

Primary Registration District No. 1001

Registrar's No. 14

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

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution:
Missouri Meth. Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME MARTHA ELIZABETH EILER

3. (b) If veteran, name war -

3. (c) Social Security No. None

4. Sex Female / 5. Color or race White

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

6. (b) Name of husband or wife John Eiler

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased September 20 1957
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>84</u>	<u>3</u>	<u>15</u>	hr. min.

9. Birthplace Oregon Mo. 11
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business

12. Name Samuel Foster

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

14. Maiden name Mary Crume

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

16. (a) Informant Mrs. Grace Castle

(b) Address Oregon, Mo.

17. (a) Burial (b) Date thereof Jan. 7 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oregon, Mo.

18. (a) Signature of funeral director James H. Pettigrew

(b) Address Oregon, Mo.

19. (a) Jan. 1942 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Holt

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

(d) Street No. 13 (If rural, give location) 1

(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 5
year 1942 hour 5 minute 30 A. M.

21. I hereby certify that I attended the deceased from Jan 2, 1942, to Jan 5, 1942
that I last saw h. alive on Jan 4, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer Rectum - Abstruction bowel - 7 days

Due to Mycoditis - Chronic

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations Cancer rectum - Abstruction bowel

Of autopsy 2

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 _____

23. Signature H. S. Carver (M. D. or other) _____
Address St. Joseph, Mo. Date signed 1-5-42

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.....

James W. Pettigrew
.....
Licensed Embalmer No. *3192*
.....
P. O. Address *Oregon 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.