S. No. 2
M—1-4-41
v. 5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 4 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

17817

State File No.

Registration District No. 218 Primary Registration District No. 4135 Registrar's No. 67

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

1. PLACE OF DEATH:

(a) County Cooper

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

(c) Name of hospital or institution: none (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether

In this community 54 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper

(c) City or town Pilot Grove, 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 ✓ ✓

3. (a) PRINT FULL NAME MARGARET-ECKERLE.

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Fem. 1

5. Color or race W.

6. (a) Single, widowed, married, divorced 2 widowed

6. (b) Name of husband or wife Antone Eckerle

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

7. Birth date of deceased Aug (Month) 8 (Day) 1857 (Year)

8. AGE: Years 84 Months 9 Days 3 If less than one day ✓ hr. ✓ min.

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

10. Usual occupation Housewife

11. Industry or business Same

FATHER
12. Name Bob Glenn
13. Birthplace unknown (City, town, or county) Va. 1 (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) 4 (State or foreign country)

16. (a) Informant H. M. Eckerle

(b) Address Pilot Grove Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May (Month) 14 (Day) 1942 (Year)

(c) Place: burial or cremation Pilot Grove, Mo

18. (a) Signature of funeral director Hays & Painter

(b) Address Pilot Grove Mo

19. (a) May 13-42 (Date received local registrar) (b) Dr Chas. Swap. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11th year 1942 hour ? minute M.

21. I hereby certify that I attended the deceased from 19 to 19; that I last saw h alive on Never Seen a Fire; and that death occurred on the date and hour stated above.

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

162

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 L. J. Meister Coroner (M.D. or other)

Address Bloomsville Mo Date signed 5/12/42

10 KR

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 6-2-42

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~~ myself

..... Registered Apprentice No.....

working under my personal supervision.

Signed Peyton E. Kay

Licensed Embalmer No. 3074

P. O. Address Pilot Grove,

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.