

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town Gerald, Rural Linn Co
(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 _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Phelps
(c) City or town St. James Rural
(If outside city or town limit, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2
year 1942 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from May 16, 1942 to June 2, 1942
that I last saw him alive on June 2, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy

Due to _____

Due to _____

Other conditions Chronic Myocarditis
(Include pregnancy within 3 months of death)

Major findings: Of operations No Operation

Of autopsy No Autopsy

Duration

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 _____

28. Signature J. H. Matthews, M.D.

Address Beauford Mo Date signed 6-2-42

8. (a) PRINT FULL NAME CHARLES E. EICKHORST

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Sarah Eickhorst 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased June 2 1872
(Month) (Day) (Year)

8. AGE: Years 77 Months 0 Days 10 If less than one day 6 hr. 30 min.

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

10. Usual occupation Farmer

11. Industry or business Farmer

12. Name John F. Eickhorst

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

14. Maiden name Christina Curtis

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

16. (a) Informant Nora Weisel

(b) Address Gerald, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 4, 1942
(Month) (Day) (Year)

(c) Place: burial or cremation Asher Emulm

18. (a) Signature of funeral director J. J. Jones By A.B.

(b) Address St. James Mo.

19. (a) 6/3/42 (Date received local registrar) (b) J. J. Jones (Registrar's signature)

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

16
00

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.....

Licensed Embalmer No.....

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, above space should be left blank.