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

1. PLACE OF DEATH: Newton

(a) County Newton

(b) City or town Neosho RFD #4 - Seneca
(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 8 Mos
(Specify whether years, months or days)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Lena Jones Eckhardt

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Theo. H. Eckhardt 6. (c) Age of husband or wife if alive 47 1/2 years

7. Birth date of deceased Oct. 6th 1911
(Month) (Day) (Year)

8. AGE: Years 30 Months 9 Days 20 If less than one day hr. _____ min. _____

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

10. Usual occupation housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Geo. Jones

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

14. Maiden name ora Kasterkee

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

16. (a) Informant Thos H Eckhardt
(b) Address Neosho Mo. RFD #4

17. (a) Removal (b) Date thereof July 28th 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cheyokee Okla

18. (a) Signature of funeral director Col Chase
(b) Address Seneca Mo.

19. (a) 7-28-42 (b) Col Chase
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Okla Mo. (b) County Newton

(c) City or town Neosho RFD #4 E of Seneca Mo
(If outside city or town limits, write "RURAL")

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

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26th
year 1942 hour 3 15 minute _____ P _____ M.

21. I hereby certify that I attended the deceased from July 23, 1942, to July 26, 1942;
that I last saw her alive on July 26, 1942,
and that death occurred on the date and hour stated above.

Immediate cause of death General peritricemia following infection of lymphatic glands under arm

Due to _____

Due to _____

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

Major findings: 24a
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? _____

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

23. Signature C. E. Maness (M. D. or other) M.D.
Address Neosho, Mo. Date signed 7-28-42

RECEIVED

District Health Officer No. 6, -

District File Number 842-1226

Date Filed AUG 12 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

Barley Thompson

Licensed Embalmer No. 9259

P. O. Address

Neosho 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.