

Registration District No. **27-4240**

Primary Registration District No. **57-98 5826**

Registrar's No. **40**

1. PLACE OF DEATH:

(a) County **New Madrid**

(b) City or town **Rural La Fayette**
(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 **Life** years, months or days _____ (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **New Madrid**

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

(d) Street No. **North of Portageville Mo.**
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME **Bernard John Eftink**

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **23**
year **1942** hour **6:30** minute _____ M.

4. Sex **Male** 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 28 1924**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death **Crushed chest** Duration
caused by tractor turning over while at work

8. AGE: Years **18** Months **1** Days **25** If less than one day _____ hr. _____ min.

9. Birthplace **Portageville Missouri**
(City, town, or county) (State or foreign country)

Due to **in field, bridge broke down**

Due to _____

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

10. Usual occupation **Farmer**

11. Industry or business _____

MOTHER FATHER { 12. Name **Henry B. Eftink**

{ 13. Birthplace **Bernal Co. Missouri**
(City, town, or county) (State or foreign country)

{ 14. Maiden name **Beulah Bennett**

{ 15. Birthplace **Bernal Co. Missouri**
(City, town, or county) (State or foreign country)

Major findings: _____

Of operations _____

Of autopsy **No**

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant **Henry Eftink**

(b) Address **Portageville Mo. R.F. 1**

17. (a) **Rural** (b) Date thereof **June 25 - 42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Portageville Cemetery**

18. (a) Signature of funeral director **Walter G. Dean**

(b) Address **Portageville Mo.**

19. (a) **9-42-42** (b) **Mrs. J. L. Farret**
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____ **072**

(b) Date of occurrence **June 23 - 1942**

(c) Where did injury occur? **New Madrid Mo.**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Farm

While at work? **yes** (Specify type of place) (e) Means of injury **Crushed chest**

23. Signature **Leb Hilguth** (Physician) **Deputy Coroner**
(M.D. or other)

Address **New Madrid** Date signed **June 27 1942**

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

72
00
66

RECEIVED

District Health Office No. 2,

District File Number 1042-1315

Date Filed 10-15-42

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.....

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

working under my personal supervision.

Signed.....

Noel C. Dean

Licensed Embalmer No. 3941

P. O. Address Portageville

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.