

Registration District No. **FILED JAN - 8 4943**

Primary Registration District No. **3008**

Registrar's No. **395**

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

1. PLACE OF DEATH *Callaway*

(a) County *Callaway*

(b) City or town *Fulton*

(c) Name of hospital or institution *321 W 8th St*

(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* _____ (Specify whether _____)

years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State *Missouri* (b) County *Callaway*

(c) City or town *Fulton*

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

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

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

If yes, name country _____

3. (a) PRINT FULL NAME *Mr. Polly Brown Eschert*

3. (b) If veteran, name war _____

3. (c) Social Security No. *None*

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *Dec* day *26* year *1942* hour *3* minute *55 P.M.*

21. I hereby certify that I attended the deceased from *Dec 23* 19*42* to *Dec 23* 19*42* that I last saw h. *ex* alive on *Dec 23* 19*42* and that death occurred on the date and hour stated above.

4. Sex *Female* Race *Negro*

5. (a) Color or face *Negro*

6. (a) Single, widowed, married, divorced *Widowed*

6. (b) Name of husband or wife *George*

6. (c) Age of husband or wife if alive _____ years (Month) (Day) (Year)

7. Birth date of deceased _____ (Month) (Day) (Year)

Immediate cause of death *Myocarditis w/ Chronic Bronchitis*

8. AGE: Years *62* Months *-* Days *-* If less than one day _____ hr. _____ min.

Due to *Myocarditis*

Due to *Bronchitis*

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

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

10. Usual occupation *House Wife*

Major findings: *93d*

Of operations _____

Of autopsy _____

PHYSICIAN _____ Underline the cause to which death should be charged statistically.

11. Industry or business _____

MOTHER FATHER { 12. Name *Unknown*

13. Birthplace *Unknown* (City, town, or county) _____ (State or foreign country)

14. Maiden name *Unknown*

15. Birthplace *Unknown* (City, town, or county) _____ (State or foreign country)

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? _____

16. (a) Informant *Mrs. Mattie Perkins*

(b) Address *414 N. W. 8th St - Fulton, Mo*

17. (a) *Burial* (burial, cremation, or removal) (b) Date thereof *Dec. 28-42* (Month) (Day) (Year)

(c) Place, burial or cremation *South Side Cem - Fulton Mo*

18. (a) Signature of funeral director *Eli Bell*

(b) Address *Fulton, Mo*

19. (a) *12-28-42* (Date received local registrar) (b) *J. W. Brainklopf* (Registrar's signature)

23. Signature *Dr. Richardson* (M. D. or other) _____

Address *529 A. Camp* Date signed *Dec 28 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.....

Eli Bell

Licensed Embalmer No. 2/30

P. O. Address. Sutton, 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.