

Registration District No. 146

Primary Registration District No. 5568

Registrar's No. 328

1. PLACE OF DEATH

(a) County Jackson
(b) City or town Rural - Blue township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 1619 Harvard 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution at home
(Specify whether
In this community 33 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Rural -
(If outside city or town limits, write "RURAL")
(d) Street No. 1619 Harvard - Independence Mo
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MARTHA JANE ECKERT

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

4. Sex Female 5. Color or race Wh
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Jully N. Eckert
6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased Oct 10 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 2 10 hr. min.

9. Birthplace Fairfield Co Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business at home

12. Name Amos Valentine

13. Birthplace Fairfield Co Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Mary Ann Fraeger

15. Birthplace Fairfield Co Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Jully N Eckert

(b) Address 1619 Harvard Indep Mo

17. (a) Removal (b) Date thereof 12-22-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation at Hope Ann R.C.P.

18. (a) Signature of funeral director Geo. Collins

(b) Address Indep Mo

19. (a) 12-21-42 (b) J. M. Hedges
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

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

21. I hereby certify that I attended the deceased from Dec 20 1942 to Dec 20 1942
that I last saw her alive on Dec 20 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary sclerosis Duration 1 year
Due to arterial sclerosis and mitral insufficiency 2 years

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

Major findings: 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 -

23. Signature J. M. Hedges M.D. (M.D. or other)
Address Hedges Ave Independence Mo Date signed 12/20/42

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

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1103

DEC 29 1955

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, fact should be so stated above.