

ED MAR 17 1943

Registration District No. **24-4** Primary Registration District No. **4055-4061** Registrar's No. **52**

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

1. PLACE OF DEATH:

(a) County **Caldwell**

(b) City or town **Braymer**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution **1**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **25 yrs** (Specify whether years, months or days)

In this community **25 yrs**

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? **Yes** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **ERWIN LEE A. EICHLER**

(b) If veteran, name war **V**

(c) Social Security No. **V**

4. Sex **Male** 5. Color or race **wh.**

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

6. (b) Name of husband or wife **Nancy Jane Eichler**

6. (c) Age of husband or wife if alive **74** years

7. Birth date of deceased **Aug 15, 1857**  
(Month) (Day) (Year)

8. AGE: Years **85** Months **5** Days **20** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Janesville, Wis.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

MOTHER FATHER

11. Industry or business \_\_\_\_\_

12. Name **John Eichler**

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

14. Maiden name **Julia Nash**

15. Birthplace **Janesville, Wis.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Nancy Jane Eichler**

(b) Address **Braymer, Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **2-7-43**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Congreg Cem**

18. (a) Signature of funeral director **Bernard J. Mead**

(b) Address **Braymer, Mo.**

19. (a) **2-6-43** (Date received local registrar) (b) **E. A. Thompson** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **5<sup>th</sup>** year **1943** hour **9** minute **45 P. M.**

21. I hereby certify that I attended the deceased from **Feb 2, 1943** to **Feb. 5, 1943**  
that I last saw him alive on **Feb. 5, 1943**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic nephritis**

Duration **3**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

**George S. Dowell**

Major findings \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy **none**

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 **Geo. S. Dowell** (M. D. or other) \_\_\_\_\_  
Address **Braymer, Mo.** Date signed **2-11-43**

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**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

*Donald J. Mead*

Licensed Embalmer No. *2801*

P. O. Address *Raymond, 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.**