No. 2
-5-42
5-17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

17692

State File No.

FILED JUN 2 1943

Registration District No. 18

Primary Registration District No. 4144

Registrar's No. 63

1. PLACE OF DEATH:

(a) County: Cooper

(b) City or town: Pilot Grove
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Same - Pilot Grove
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: none (Specify whether
In this community: 57 — years, months or days)

2. USUAL RESIDENCE OF DECEASED: 27

(a) State: Missouri (b) County: Cooper 0

(c) City or town: Pilot Grove 0
(If outside city or town limits, write "RURAL")

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

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

If yes, name country: 0

3. (a) PRINT FULL NAME: Fredrick CHARLES Eckerle

3. (b) If veteran, name war: No

3. (c) Social Security No. No.

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Anna Eckerle

6. (c) Age of husband or wife if alive: 60 years

7. Birth date of deceased: Feb. (Month) 23 (Day) 1879 (Year)

8. AGE: Years 64 Months 2 Days 11 If less than one day ✓ hr. ✓ min.

9. Birthplace: Cedron (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business: Same

FATHER
12. Name: Anthony Eckerle
13. Birthplace: Montreau Co. (City, town, or county) Mo 0 (State or foreign country)

MOTHER
14. Maiden name: Margaret Glenn
15. Birthplace: Lincoln (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant: X Alfred E. Eckerle
(b) Address: Pilot Grove, Mo.

17. (a) Burial: (Burial, cremation, or removal) (b) Date thereof: 5-6-1943 (Month) (Day) (Year)
(c) Place: burial or cremation: St Joseph Cemetery

18. (a) Signature of funeral director: Hays & Gamble
(b) Address: Pilot Grove Mo.

19. (a) May 5-43 (Date received local registrar) (b) Dr. Chas. Swap (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: MAY day: 4th year: 1943 hour: 12th minute: 50 M.

21. I hereby certify that I attended the deceased from April 26, 1943, to MAY 4th, 1943; that I last saw him alive on MAY 4th, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral hemorrhage — Duration

Due to: hypertension

Due to: arteriosclerosis

Other conditions (Include pregnancy within 3 months of death): 630

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? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: CR Cogleton (M.D. or other) D.O.

Address: Pilot Grove, Mo. Date signed: 5/4/43

1948

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number _____
Date Filed 6-1-43

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~~ Myself
_____, Registered Apprentice No. _____
working under my personal supervision.

Signed Peyton E Hay,
Licensed Embalmer No. 3074
P. O. Address Pilot Grove, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.