

FILED JUN 7 1943 74
Registration District No. **74**

Primary Registration District No. **4408**

Registrar's No. **174**

1. PLACE OF DEATH:

(a) County **Pettis**
(b) City or town **Smithton**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Smithton, Missouri
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **lifetime in county** (Specify whether
In this community **lifetime in county** (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Pettis**
(c) City or town **Smithton**
(If outside city or town limits, write "RURAL")
(d) Street No. **Smithton, Missouri**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **28**
year **1943** hour **1:30** minute **P.M.**

21. I hereby certify that I attended the deceased from **May 18** 19**43** to **May 18** 19**43**
that I last saw him alive on **May 17** 19**43**
and that death occurred on the date and hour stated above.

Immediate cause of death **Epilepsy**

Due to **830**
Due to **1**

Other conditions (include pregnancy within 3 months of death)

Major findings:
Of operations **830**
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) **Motor**
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? **At home**
Means of injury **Car**

23. Signature **W. H. Berger** (M.D., Registrar)
Date signed **5/29/43**

3. (a) PRINT FULL NAME **Christian Eichholz**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Divorced**

6. (b) Name of husband or wife **Dovie Davis** 6. (c) Age of husband or wife if alive **63** years

7. Birth date of deceased **February 5, 1876** (Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | 67 | 3 | 23 | hr. min. |

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

10. Usual occupation **Farmer**

11. Industry or business

12. Name **Phillip Eichholz**

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

14. Maiden name **Amelia Goetz**

15. Birthplace **Lake Creek, Missouri** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Henry Meyer**

(b) Address **1905 E. Broadway, Sedalia**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **5/30/43** (Month) (Day) (Year)

(c) Place: burial or cremation **Flat Creek Cemetery**

18. (a) Signature of funeral director **Lawing Funeral Home**

(b) Address **Sedalia, Mo**

19. (a) **5/29/43** (Date received local registrar) (b) **Wm. H. Berger** (Registrar's signature)

1002 (Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number -----

Date Filed 5-29-43

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 me

-----, Registered Apprentice No. -----,
working under my personal supervision.

Signed Jewell E. Richard

Licensed Embalmer No. 2466

P. O. Address Dipton, Ill

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.