S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 3 1943

Registration District No. 2

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19215

Primary Registration District No. 4485

Registrar's No. 16

1. PLACE OF DEATH:
(a) County: Scott
(b) City or town: Fornfelt
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: At Home /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 43 Years (Specify whether years, months or days) In this community:

2. USUAL RESIDENCE OF DECEASED: 100 2 0
(a) State: Missouri (b) County: Scott
(c) City or town: Fornfelt Mo
(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: CARL WILLIAM EIFERT

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Lydia Springer Eifert

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

7. Birth date of deceased: Aug (Month) 31 (Day) 1899 (Year)

8. AGE: Years 43 Months 7 Days 8 If less than one day hr. min.

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

10. Usual occupation: Scaler- Cement Plant

11. Industry or business: Cement Plant

FATHER
12. Name: Henry Eifert
13. Birthplace: Illmo (City, town, or county) Mo 0 (State or foreign country)

MOTHER
14. Maiden name: Anna Ristig
15. Birthplace: Cape Girareeau Mo 0 (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs Anna Eifert
(b) Address: Fornfelt Mo

17. (a) Buriel (Burial, cremation, or removal) (b) Date thereof: 5- -43 (Month) (Day) (Year)
(c) Place: burial or cremation: Illmo Luth. Cemetery

18. (a) Signature of funeral director: Jas D Howell
(b) Address: Cape Girardeau Mo

19. (a) 5-11-43 (Date received local registrar) (b) Mrs W. L. Tomlinson (Registrar's signature)

1316

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9 year 1943 hour 8:45 minute 45 a.m.

21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19..., that I last saw him alive on 5/9/43, 19..., and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary occlusion	?
Due to (?)	
Other conditions: none (Include pregnancy within 3 months of death)	
Major findings: Of operations: none	
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? (Specify type of place)
While at work? (e) Means of injury: 0

23. Signature: F. E. Lee M.D. (M. D. or other) MD
Address: Illmo Mo Date signed 5/10/43

RECEIVED:
District Health Office No. 2,
District File Number 643-232
Date Filed 6-3-43

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Joe G Howell

Licensed Embalmer No. 3390

P. O. Address Cape Girardeau

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.