

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24258

State File No. \_\_\_\_\_

Registrar's No. 36

Primary Registration District No. 3004

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

FILED JUL 21 1943

1. PLACE OF DEATH:

(a) County Barton

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

(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community 64 years (Specify whether \_\_\_\_\_)  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton

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

(d) Street No. 1607 Cherry  
(If rural, give location)

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

3. (a) PRINT FULL NAME CHAUNCEY ELMER ECKLES

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15  
year 1943 hour 8 minute 25 P.M.

21. I hereby certify that I attended the deceased from June 18  
1943 to June 15 1943  
that I last saw him alive on June 14 1943  
and that death occurred on the date and hour stated above.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Jennie R. Eckles

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased December 30 1865  
(Month) (Day) (Year)

8. AGE: Years 77 Months 5 Days 15  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death acute myocarditis

Due to Uremia and prostatic

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

Other conditions (Include pregnancy within 3 months of death) 137a

9. Birthplace Dallas, Hancock County, Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Photographer and Merchant

11. Industry or business (Retired)

MOTHER FATHER { 12. Name Jonathan Eckles

{ 13. Birthplace Indiana  
(City, town, or county) (State or foreign country)

{ 14. Maiden name Elizabeth J. Potter

{ 15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Jennie R. Eckles

(b) Address Lamar, Missouri

17. (a) Burial (b) Date thereof June 17 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Cemetery

18. (a) Signature of funeral director KONANTZ FUNERAL HOME

(b) Address Lamar, Missouri

19. (a) 6-17-43 (b) Martha River  
(Date received local registrar) (Registrar's signature)

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. Signatures C. E. Duval (M. D. or other) C. M. D.

Address Lamar, Mo. Date signed 6/16/43

1179

RECEIVED

District Health Officer No. 6,

District File Number 743-892

Date Filed JUL 20 1949

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..... Carl J. Konantz.....  
Licensed Embalmer No. 2247.....

P. O. Address..... Lamar, Missouri.....

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.