

Oct 13 1943/57
Registration District No. **157**

Primary Registration District No. **3028**

1. PLACE OF DEATH:

(a) County **Jasper**
(b) City or town **Carthage**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
McCune-Brooks Hospital
(If not in hospital or institution, write street number or location) **U**
(d) Length of stay: In hospital or institution **3 days** (Specify whether
In this community **years, months or days**)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper** **049**
(c) City or town **Carthage** (If outside city or town limits, write "RURAL") **1**
(d) Street No. **429 W. Central Ave.** (If rural, give location) **3**
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country **U**

3. (a) PRINT FULL NAME **Mary Josephine Eckman**

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

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

6. (b) Name of husband or wife **John A. Eckman** 6. (c) Age of husband or wife if alive **years**

7. Birth date of deceased **July 21, 1883**
(Month) (Day) (Year)

8. AGE: Years **60** Months **2** Days **3** If less than one day **hr. min.**

9. Birthplace **Carl Junction, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

12. Name **S. A. Stuckey**

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

14. Maiden name **Sarah Jackson**

15. Birthplace **Carl Junction, Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **John A. Eckman**

(b) Address **429 W. Central Ave., Carthage**

17. (a) **Burial** (b) Date thereof **9-26-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Park Cemetery**

18. (a) Signature of funeral director **Ed. C. Ulmer**

(b) Address **1208 Garrison, Carthage, Mo.**

19. (a) **Sept 25 43** (b) **Elizabeth Complin**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **24**,
year **1943** hour **3:00** minute **A.** M.

21. I hereby certify that I attended the deceased from **Dec 1942**
9-23-43 to **9-23** 19**43**
that I last saw h. **as** alive on **9-23** 19**43**
and that death occurred on the date and hour stated above.

Immediate cause of death **Hadgkins Disease**

Duration

1yr.

Due to
Due to

Other conditions (Include pregnancy within 3 months of death)

44

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **Russell Smith** (M. D. or other) **MD**
Address **Carthage, Mo.** Date signed **9-25-43**

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

MOTHER FATHER

43-9-838

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.....

Ed [unclear]

Licensed Embalmer No.....

2222

P. O. Address.....

Carthage

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.