

FILED OCT 25 1943

State File No.

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 841

1. PLACE OF DEATH:

(a) County GREENE

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

(c) Name of hospital or institution: 709 S. Fremont
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
(Specify whether years, months or days)

In this community 47 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

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

(d) Street No. 709 S. Fremont
(If rural, give location)

(e) Citizen of foreign country? No
If yes, name country.

3. (a) PRINT FULL NAME Nellie May Eckles

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 Harvey T. Eckles

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

7. Birth date of deceased May 26, 1877
(Month) (Day) (Year)

8. AGE: Years 66 Months 4 Days 15
If less than one day hr. min.

9. Birthplace Indianapolis, Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business In Home

MOTHER FATHER { 12. Name Hugh Clark

13. Birthplace Rochester, New York
(City, town, or county) (State or foreign country)

14. Maiden name Katherine Work

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

16. (a) Informant Mr. H. T. Eckles

(b) Address Springfield, Missouri

17. (a) Burial (b) Date thereof 10/13/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Park Cemetery

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home

(b) Address Springfield, Missouri

19. (a) 10-13-43 (b) S. W. Handley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 11th
year 1943 hour 2:06 minute A.M.

21. I hereby certify that I attended the deceased from Aug 8
~~8~~ 1943, to 10-10 1943;
that I last saw her alive on Oct. 10 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Sarcoma of neck

Duration 6 weeks

Due to.....

Due to.....

Other conditions Pericarditis acuta 13 yrs
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations 552

Of autopsy.....

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 Mary Jane Robertson (M. D. or other)
Address 333 E. Mc Daniel Date signed 10-13-43

Spfld. Mo.

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

NOV 3 1943

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 *Harlow Knab*.....

Licensed Embalmer No. *4065*.....

P. O. Address *Springfield, Mo.*.....

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.