

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35188**
Registrar's No. **58**

Registration District No. **206**

Primary Registration District No. **6751**

1. PLACE OF DEATH:

(a) County **Madison**
(b) City or town **Rural - St. Michael**
(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 years, months or days)

3. (a) PRINT FULL NAME **BERTHA DETTA EISENHOWER**

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Samuel Paul Eisenhower** 6. (c) Age of husband or wife if alive **31** years

7. Birth date of deceased **November 3 1917**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
25 11 25 .hr. .min.

9. Birthplace **Unknown** (City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

12. Name **Omar Parslow**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Samuel Paul Eisenhower**

(b) Address **1201 North Church St. Rockford, Illinois**

17. (a) Removal **Removal** (b) Date thereof **Oct. 29, 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Rockford, Illinois**

18. (a) Signature of funeral director **Stanley H. Hixson**

(b) Address **Fredericktown, Mo.**

19. (a) **Oct. 29, 1943** (b) **S. C. Slansky** (Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Illinois** (b) County **Winnnebago**
(c) City or town **Rockford** (If outside city or town limits, write "RURAL")
(d) Street No. **1201 North Church** (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **L**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **28th**
year **1943** hour **8:15** minute **A. M.**

21. I hereby certify that I attended the deceased from **19** to **19**;

that I last saw him alive on **19**;

and that death occurred on the date and hour stated above.

Immediate cause of death

Due to **Myocarditis** **6 mo.**

Due to **Pulmonary tuberculosis**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **1361**

Of autopsy

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 **Car**

23. Signature **Stanley H. Hixson** (M. D. or other)

Address **Fredericktown, Mo.** Date signed **Oct. 28, 1943**

FEB 3 1944

OCT 17 1944

RECEIVED
Director Health Commissioner No. 4
Linc. Co. 1143-288
Date Filed 11-8-43

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 Stanley H. Dixon

Licensed Embalmer No. 4193

P. O. Address Fredericktown, 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.

Rockford Municipal Tuberculosis Sanitarium

1601 PARKVIEW AVENUE
ROCKFORD, ILLINOIS
BOX 877

November 10, 1943

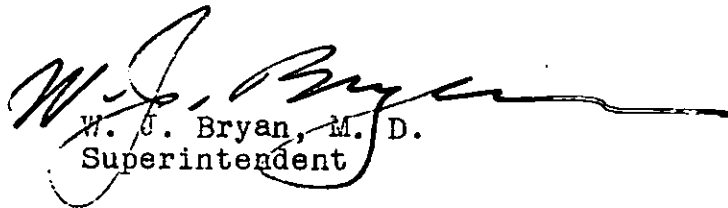
W. J. BRYAN, M. D.
SUPT. AND MEDICAL DIRECTOR

Missouri State Health Department
Jefferson City, Missouri

Dear Sirs:

We are informed by S. C. Slaughter, Local Registrant, Fredericktown, Missouri, of the death of Mrs. Bertha Eisenhower, 1201 N. Church Street, Rockford, Illinois, from myocarditis while en route to Arizona. We wish to inform you that she was a patient of this Sanitarium, suffering from far advanced pulmonary tuberculosis.

Yours very truly,


W. J. Bryan, M. D.
Superintendent

WJB:hc

no fee EK
NOV 17 1943

1914

1914

1914

1914

1914