DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

1875

FILED FEB 8 1944

State File No. ____

Registration District No. ____ Primary Registration District No. 1002 Registrar's No. 8

1. PLACE OF DEATH:

(a) County Adair

(b) City or town Rural - Liberty Twp (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: address - 1 Green Castle (If not in hospital or institution, write street number or location)

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

In this community 86 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Adair 0

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

(d) Street No. address Green Castle (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country ✓ 0

3. (a) PRINT FULL NAME Eva Eitel

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 widowed

6. (b) Name of husband or wife John F

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

7. Birth date of deceased 2 (Month) 18 (Day) 1856 (Year)

8. AGE: Years 87 Months 10 Days 23 If less than one day ____ hr. ____ min.

9. Birthplace Ashland Co. (City, town, or county) Ohio (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Mitchell Weber
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Magdaline Stillman
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Nettie M Eitel

(b) Address Greencastle Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-15-1944 (Month) (Day) (Year)

(c) Place: burial or cremation Ringoo Point

18. (a) Signature of funeral director Glenn E. Kent & Son

(b) Address Green City, Mo.

19. (a) 1/15/44 (Date received local registrar) (b) Mrs. J. L. Wagner (Registrar's signature)

1044

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 10 year 1944 hour 11 minute P M.

21. I hereby certify that I attended the deceased from 1/10 — 1944 to 1/10 1944 that I last saw her alive on 1/10 1944 and that death occurred on the date and hour stated above. 11-PM

Immediate cause of death Influenza

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 33a

Major findings:
Of operations

Of autopsy

Duration

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

23. Signature W. E. Munn (M. D. ~~or other~~)

Address Novinger, Mo. Date signed 1/11-44

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 10
District File Number 2-44-294
Date Filed FEB 5 1944

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 Archie W. Wade

Licensed Embalmer No. 3037

P. O. Address Green City, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.