

FILED FEB 11 1944

State File No. _____

Registration District No. 61

Primary Registration District No. 4107

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Cedar
 (b) City or town El Dorado spgs MO
 (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 _____
 In this community 83 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Cedar 21
 (c) City or town El Dorado Springs 11
 (If outside city or town limits, write "RURAL")
 (d) Street No. 310 W Heckory
 (If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM A PACKARD

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Elizabeth Packard 6. (c) Age of husband or wife if alive 73 years
 7. Birth date of deceased Feb 20 1860
 (Month) (Day) (Year)

8. AGE: Years 83 Months 10 Days 23 If less than one day hr. _____ min. _____

9. Birthplace Cedar MO
 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Alvin Packard
 13. Birthplace Not known 9
 (City, town, or county) (State or foreign country)
 14. Maiden name Effie M C Knight
 15. Birthplace Not known 9
 (City, town, or county) (State or foreign country)

6. (a) Informant Elizabeth Packard
 (b) Address 310 W. Heckory
 7. (a) Burial (b) Date there 11/16/44
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation City Cemetery

8. (a) Signature of funeral director Madison Funeral Home
 (b) Address El Dorado spgs
 (c) 1/18/44 (b) d. L. Runaway
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 13
 year 1944 hour 10 minute 35 pm.
 21. I hereby certify that I attended the deceased from Jan 8th 1944 to Jan 13 1944
 that I last saw him alive on Jan 12 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Parenchymatous nephritis

Due to _____
 Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 1312
 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) (a) Means of injury ?
 23. Signature C. K. Sunderwirth (M. D. or other) MD.
 Address El Dorado Springs Date signed 1-18-44

Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 7,

District File Number

Date Filed

1-44-158

2-10-44

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

George W. Rofino

Licensed Embalmer No.

2752

P. O. Address

El Dorado Apg

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

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