

FILED FEB 23 1944

Registration District No. ....

Primary Registration District No. 4496

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Shelby

(b) City or town Shelbyville  
(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 1  
(Specify whether years, months or days) 20 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Shelby 102

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

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME FRANCIS K. EISTERTZ

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 24  
year 1943 hour 12:45 minute 40 P M.

21. I hereby certify that I attended the deceased from Dec 20, 1943 to Dec 24, 1943  
that I last saw him alive on Dec 24, 1943  
and that death occurred on the date and hour stated above:

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

6. (b) Name of husband or wife Jessie Metzger Eistertz 6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased MAR - 13 - 1863  
(Month) (Day) (Year)

Immediate cause of death degenerative heart disease Duration 7

Due to Arteriosclerosis 7

Due to \_\_\_\_\_

Other conditions 93d  
(Include pregnancy within 3 months of death)

8. AGE: Years 80 Months 9 Days 11 If less than one day 0 hr. ✓ min.

9. Birthplace Augusta, Ill.  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Martin EISTERTZ 4

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

14. Maiden name Long

15. Birthplace (record incomplete) 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Jessie Eistertz

(b) Address Shelbyville, Mo

17. (a) Burial (b) Date thereof Dec - 27 - 43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation S.O.O.R. Cemetery

18. (a) Signature of funeral director E. P. Thompson

(b) Address Shelbyville, Mo

19. (a) Jan 8 - 44 (b) Thaddeus Good  
(Date received local registrar) (Registrar's Signature)

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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_ (2) Means of injury \_\_\_\_\_

23. Signature H. G. ... (M. D. or other) \_\_\_\_\_  
Address Shelbyville, Mo Date signed 12-24-43

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

207

RECEIVED

District Health Officer No. 10

District File Number 2-44-392

Date Filed FEB 8 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.....

*myself*

..... Registered Apprentice No.....

working under my personal supervision.

Signed E. P. Thompson.....

Licensed Embalmer No. 1632.....

P. O. Address Shelbyville, 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.