S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 9 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6808

Registration District No. 343

Primary Registration District No. 3011

Registrar's No. 12

1. PLACE OF DEATH:

(a) County: Carroll

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

(c) Name of hospital or institution: 407 South Main St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community: 50 yrs or more

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Carroll

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

(d) Street No.: 407 S. Main St.
(If rural, give location)

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

If yes, name country: XXXXX

3. (a) PRINT FULL NAME: Emma Eckerle

3. (b) If veteran, name war: No

3. (c) Social Security No.: No

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Deceased

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

7. Birth date of deceased: Feb. (Month) 10 (Day) 1859 (Year)

8. AGE: Years 84 | Months II | Days 24 | If less than one day ____ hr. ____ min.

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

10. Usual occupation: Housewife

11. Industry or business: ____

FATHER
12. Name: Unknown
13. Birthplace: 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Unknown
15. Birthplace: 9 (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs Henry Hoffman
(b) Address: Carrollton Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2-7-44 (Month) (Day) (Year)
(c) Place: burial or cremation: OakHill Cemetery

18. (a) Signature of funeral director: Willis-Marshall
(b) Address: Carrollton Mo.

19. (a) 2-7-1944 (Date received local registrar) (b) Mrs James Rafferty (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 4 year 1944 hour 7 minute 45 P.M.

21. I hereby certify that I attended the deceased from Feb. 4th, 1944 to Feb. 4th, 1944, that I last saw her alive on Feb. 4th 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Concussion of brain and shock — Duration

Due to: A fall from basement stairs to concrete floor, striking back

Due to: of head on the concrete.

Other conditions: None other than senility.
(Include pregnancy within 3 months of death)

Major findings:
Of operations: None
Of autopsy: None made

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): Accident 017

(b) Date of occurrence: Feb. 4th, 1944.

(c) Where did injury occur? Carrollton, Carroll, Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? In home. (Specify type of place)

While at work? yes (e) Means of injury: A fall.

23. Signature: K. T. Cook (M. D. or other) MD

Address: Carrollton, Mo. Date signed: 2/8/44

1053

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 3-8-44

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 myself, Registered Apprentice No., working under my personal supervision.

Signed P. M. Marshall

Licensed Embalmer No. 2525

P. O. Address Carrollton 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.