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FILED NOV 8 1944

State File No.

Registration District No. 282

Primary Registration District No. 5971

Registrar's No. 31

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

1. PLACE OF DEATH:

(a) County Polk

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

(c) Name of hospital or institution County Farm
(If not in hospital or institution, write street number or location)

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

In this community 4 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk 84

(c) City or town Rural
(If outside city or town limits, write "RURAL") 0

(d) Street No. County Farm
(If rural, give location) 0

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

If yes, name country _____

3. (a) PRINT FULL NAME Elizabeth Eidlbes

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 19
year 1944 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from Oct 1
19 44 to Oct 19 19 44
that I last saw her alive on Oct 18 19 44
and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race white

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

6. (b) Name of husband or wife _____

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

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

Immediate cause of death Chronic myocarditis acute heart failure

Due to _____

8. AGE: Years Months Days If less than one day

88 8 17 hr. min.

Due to _____

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

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

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

10. Usual occupation _____

11. Industry or business _____

12. Name Topcka

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)

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? _____

16. (a) Informant Elizabeth Kukal

(b) Address Bolivar, Mo.

17. (a) Burial (b) Date thereof Oct 21, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Greenwood Cemetery

23. Signature D. B. McCreary (M. D. or _____)

Address Bolivar Mo Date signed 10-20-44

18. (a) Signature of funeral director Hutcheson-Turpin & Co.

(b) Address Bolivar, Mo.

19. (a) Oct 21, 1944 (b) Alice Palen
(Date received local registrar) (Registrar's signature)

1297

RECEIVED

Office No. 7,

File No. 10-44-1218

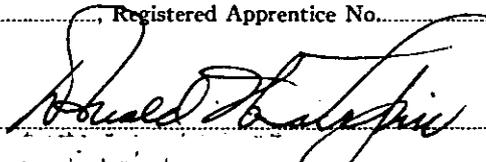
Date Filed 11-6-44

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.....



Licensed Embalmer No. 3053

P. O. Address Bolivar, 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.

Registration District No. 282 Primary Registration District No. 5971

1. PLACE OF DEATH:

(a) County Polk
(b) City or town Prual marion Inj
(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

Elizabeth Eidlber

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 w

6. (b) Name of husband or wife _____

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

7. Birth date of deceased _____ (Month) _____ (Day) _____ (Year)

8. AGE:

Years 88

Months 6

Days _____

If less than one day _____ min.

9. Birthplace

(City, town, or county)

(State or foreign country)

10. Usual occupation

Housekeeper

11. Industry or business

Housekeeping

MOTHER FATHER { 12. Name _____

13. Birthplace

(City, town, or county)

(State or foreign country)

14. Maiden name _____

15. Birthplace

(City, town, or county)

(State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (Burial, cremation, or removal)

(b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (Date received local registrar)

(b) Alice Palen (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct Day 1 Year 1944 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Duration _____

Due to _____

Due to _____

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

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature _____ (M. D. or other) _____
Date signed _____

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

SUPPLEMENTARY

35058