

FILED DEC 13 1944

Registration District No. 2

Primary Registration District No. 4009

Registrar's No. 95

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

1. PLACE OF DEATH:
 (a) County Andrew
 (b) City or town SAVANNAH
(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)
 In this community 50 yrs
years, months or days

3. (a) PRINT FULL NAME ELLA EYCHNER
 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 _____ years
 7. Birth date of deceased oct 16-1865
(Month) (Day) (Year)

8. AGE: Years 79 Months 0 Days 23
If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name MATHEW EYCHNER
 13. Birthplace PROVIDENCE ROADISLAND
(City, town, or county) (State or foreign country)
 14. Maiden name UN KNOWN
 15. Birthplace UN KNOWN
(City, town, or county)

16. (a) Informant MRS Lela Eychner
 (b) Address Savannah

17. (a) B (b) Date thereof NOV 12-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Savannah

18. (a) Signature of funeral director E. C. Breit

(b) Address Savannah MO

19. (a) 11-10-44 (b) J. H. Fitchman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Andrew
 (c) City or town Savannah
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? _____
(Year No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 9
 year 1944 hour 1 minute 30 P.M.
 21. I hereby certify that I attended the deceased from Nov 3 1944
44 to Nov 9 1944
 that I last saw her alive on Nov 9 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Congestive Heart Failure 1 yr.
 Due to Degenerative heart disease

Due to _____
 Other conditions Infected gall bladder
(Include pregnancy within 3 months of death)

Major findings: g3d
 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 Walter C. Myers (M. D. number) _____
 Address Savannah MO Date signed 11-11-44

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.....

E. C. Breit

Licensed Embalmer No. *265-0*

P. O. Address *Savannah 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.