

Registration District No. _____

Primary Registration District No. 6192

State File No. _____

Registrar's No. 21

1. PLACE OF DEATH:

(a) County Taney
(b) City or town Rural - Newton 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 _____ (Specify whether)
In this community 10 years (Specify whether years, months or days)

8. (a) PRINT FULL NAME GENEVIEVE A. EYCHANER

3. (b) If veteran, name war _____ 8. (c) Social Security No. _____

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

6. (b) Name of husband or wife Arthur R. Eychaner 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Feb - 18 - 1880
(Month) (Day) (Year)

8. AGE: Years 65 Months 3 Days 16 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Syman Starter

13. Birthplace Dont know - 4
(City, town, or county) (State or foreign country)

14. Maiden name Dont know - 4

15. Birthplace Dont know - 4
(City, town, or county) (State or foreign country)

16. (a) Informant Arthur Eychaner

(b) Address Osias Mo

17. (a) Burial (b) Date the June 12 1945
(burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blue eye mo

18. (a) Signature of funeral director B.O. Whelchel

(b) Address Branch mo

19. (a) 6/15/45 (b) Mary Miller
(Date received by local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Taney Co
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4
year 1945 hour 4:00 minute A.M.

21. I hereby certify that I attended the deceased from May 12 1945 to June 4 1945
that I last saw her alive on June 12 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Duration 1 mo

Due to Dont know

Due to _____

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

Major findings: Of operations 1/2

Of autopsy 1/2

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 D

23. Signature Mary T. Evans (M. D. or other) M.D.

Address Branch Mo Date signed 6/14/45

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

000

RECEIVED

District Health Officer No. 6;

District File Number 743-739

Date Filed JUL 9 1945

AUG 23 1945

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

Minnie L. Welch

Licensed Embalmer No.

2977

P. O. Address

Princeton, Va

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, above space should be left blank.