

FILED SEP 4 1945

892

Registration District No. 42

Primary Registration District No. 1000

1. PLACE OF DEATH:

(a) County Buchanan
 (b) City or town St. Joseph
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
2214 So. 11th. St. /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community 36 Years
 years, months or days)

3. (a) PRINT FULL NAME Emma Eckhardt3. (b) If veteran, name war None 3. (c) Social Security No. None4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed6. (b) Name of husband or wife John H. 6. (c) Age of husband or wife if alive _____ years7. Birth date of deceased April 7 1875
(Month) (Day) (Year)8. AGE: Years 70 Months 4 Days 10 If less than one day
hr. _____ min.9. Birthplace Elwood Kansas. /
(City, town, or county) (State or foreign country)10. Usual occupation Housewife11. Industry or business None12. Name Francis Godbey13. Birthplace Unknown Virginia. /
(City, town, or county) (State or foreign country)14. Maiden name Amelia Fry15. Birthplace Unknown Virginia. /
(City, town, or county) (State or foreign country)16. (a) Informant Mrs. Harold Collins(b) Address 2214 So. 11th. St.17. (a) Burial (b) Date thereof Aug. 20, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Ashland Cemetery18. (a) Signature of funeral director Herman W. G. Bufader(b) Address 1802 Union St. St. Joseph, Mo.19. (a) Aug. 18, 1945 (b) Shelton J. Peckel
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan /
 (c) City or town St. Joseph /
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2214 So. 11th. St. /
 (If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 17
year 1945 hour 11 minute 22 A.M.21. I hereby certify that I attended the deceased from
July 15 1945 to Aug. 17 1945
that I last saw him alive on Aug. 17 1945
and that death occurred on the date and hour stated above.Immediate cause of death Cerebral Hemorrhage 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) (c) Means of injury _____

23. Signature H. F. Nostigan (M. D. or other) D
Address Keokuk, Mo. Date signed 8/18/45

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

Elmer Thomas

Registered Apprentice No.

working under my personal supervision.

Signed

Elmer Thomas

Licensed Embalmer No.

2640

P. O. Address

St Joseph

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.