S. No. 2
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5-17-39
P I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 2 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

34276

State File No.

Registration District No. 252 Primary Registration District No. 4381 Registrar's No. 6

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

1. PLACE OF DEATH:
(a) County Nodaway
(b) City or town Hopkins
(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 years, months or days) In this community None

2. USUAL RESIDENCE OF DECEASED:
(a) State Iowa (b) County Montgomery
(c) City or town Red Oak
(If outside city or town limits, write "RURAL")
(d) Street No. 106 West Washington
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Thomas Delbert Eckley
3. (b) If veteran, name war None
3. (c) Social Security No. 481-05-7566
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name ~~of husband~~ or wife Verna Charlotte Eckley
6. (c) Age of ~~husband or~~ wife if alive 28 years
7. Birth date of deceased Feb. (Month) 12 (Day), 1911 (Year)

8. AGE: Years 34 Months 8 Days 5 If less than one day — hr. — min.

9. Birthplace Montgomery County (City, town, or county) Iowa (State or foreign country) /
10. Usual occupation Railroad Brakeman
11. Industry or business On the railroad
MOTHER FATHER
12. Name C. F. Eckley
13. Birthplace Mills County (City, town, or county) Iowa (State or foreign country) /
14. Maiden name Esther Ethel Clifton
15. Birthplace Montgomery County (City, town, or county) Iowa (State or foreign country) /
16. (a) Informant Verna Charlotte Eckley
(b) Address 1821 Clay Street, St. Joseph, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 20, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation I.O.O.F. Cemetery - Cameron Mo
18. (a) Signature of funeral director Stanley Swanson
(b) Address Hopkins, Mo.
19. (a) 10-20-45 (Date received local registrar) (b) Geo Hepburn (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 17th year 1945 hour 10 minute 57 M.
21. I hereby certify that I attended the deceased from not attended, 19, to, 19; that I last saw him ~~alive~~ alive on not seen alive 19; and that death occurred on the date and hour stated above.

Immediate cause of death accidental immediate death body run over by loaded Due to Coal Car. Brakeman on Burlington Switching Due to freight train in R.R. yards at Hopkins Mo

Duration

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy no 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) accident
(b) Date of occurrence Oct. 17th 1945
(c) Where did injury occur? Hopkins (City or town) — Nodaway (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place R.R. yards (Specify type of place)
While at work? yes (e) Means of injury Frgt. Coal Car
23. Signature L. E. Dean (M. D. or other) M.D.
Address Maryville Coroner Date signed 10-18-45

1572 (Licensed Embalmer's Statement on Reverse Side)

DEC 27 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

Myself, Registered Apprentice No.

working under my personal supervision.

Signed Stanley Swanson

Licensed Embalmer No. 3963

P. O. Address Hopkins, 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.