V. S. No. 2
OM—9-4-41
ev. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 29 1945

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

42209

State File No.

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 211

88
6
3

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

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Woodland Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community whole life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Chariton 21
(c) City or town Salisbury 2
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Charles Eiring

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Mary Leva Eiring

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Feb. (Month) 10 (Day) 1869 (Year)

8. AGE: Years 76 Months 8 Days 23 If less than one day hr. min.

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

10. Usual occupation Retired farmer

11. Industry or business

FATHER
12. Name Henry Eiring
13. Birthplace (City, town, or county) Penn (State or foreign country)

MOTHER
14. Maiden name Mary Ann Horton
15. Birthplace (City, town, or county) Mo (State or foreign country)

16. (a) Informant Mary Leva Eiring
(b) Address Salisbury Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 (Month) 5 (Day) 1945 (Year)
(c) Place: burial or cremation Salisbury

18. (a) Signature of funeral director Geo B Winkelmeyer
(b) Address Salisbury Mo

19. (a) Nov 3-45 (Date received local registrar) (b) Leah Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. 3, day
year 1945 hour 5:40 minute A. M.

21. I hereby certify that I attended the deceased from Oct. 31, 1945, to Nov. 3, 1945; that I last saw him alive on Nov. 2, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic myocarditis.	?
Cardiac hypertrophy.	
xxx Auricular fibrillation	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 953

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

23. Signature [signature] (M.D. or other)
Address Moberly, Missouri Date signed 11/5/45

(60)

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 12-45-1896
Date Filed DEC 20 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 Geo B Winkelmeyer

Licensed Embalmer No. 2125

P. O. Address Salisbury Md

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.