

No. 2
5-43
5-17-39
I X36871

State File No. _____

FILED FEB 2 1946

Registration District No. 116

Primary Registration District No. 3020

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town Washington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
321 E. 5th St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether)
In this community 55 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin 36
(c) City or town Washington
(If outside city or town limits, write "RURAL") 6
(d) Street No. 321 E. 5th St.
(If rural, give location) 2
(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country X

3. (a) PRINT FULL NAME Emma Sophia Eissele.

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

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

6. (b) Name of husband John Eissele 6. (c) Age of husband deceased years of alive deceased

7. Birth date of deceased October 15th, 1890
(Month) (Day) (Year)

8. AGE: Years 55 Months 2 Days 28 If less than one day hr. min.

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

10. Usual occupation House-work.

11. Industry or business X

12. Name William Thormann.

13. Birthplace Washington, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Anna Scheer,

15. Birthplace Boeuf Creek, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Ella Thormann,
(b) Address Washington, Mo.

17. (c) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 16, 1946
(Month) (Day) (Year)

(c) Place: burial or cremation Washington, Mo.

18. (a) Signature of funeral director Nielburg & Vitt, Inc.
(b) Address Washington, Mo.

19. (a) (Date received local registrar) (b) [Signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 13th,
year 1946 hour 6:00 minute P. M.

21. I hereby certify that I attended the deceased from January 5,
1946, to Jan 13, 1946;
that I last saw her alive on JANUARY 13, 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death acute myocarditis Duration 3 day

Due to asthmatic Bronchitis 7 days

Due to influenza 4 days

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations [Signature] Of autopsy _____
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 [Signature] (M. D. or other) DD
Address Washington Mo Date signed 1/16/46

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

563

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 2-1-46

FFB 7 1946

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.....

Lester A. Pitt
3254

Licensed Embalmer No.....

P. O. Address.....

Washington, Me

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.