

S. No. 2
M-8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS
FILED AUG 23 1946 STANDARD CERTIFICATE OF DEATH

State File No. 27745
Registrar's No. 264

Registration District No. 209 Primary Registration District No. 3043

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

1. PLACE OF DEATH:
(a) County Marion
(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Elizabeth Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 weeks
In this community 2 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Marion
(c) City or town Palmyra
(If outside city or town limits, write "RURAL")
(d) Street No. 303 East Ross
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Otto K. Eichman
(b) If veteran, name war No
(c) Social Security No. No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August day 5
year 1946 hour 11 minute 45 p. M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Zeda M. Eichman
(c) Age of husband or wife if alive 46 years
7. Birth date of deceased March 19 1873
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 1944 to Aug 5 1946
that I last saw him alive on Aug 15 1946
and that death occurred on the date and hour stated above.

8. AGE: Years 73 Months 4 Days 26
If less than one day _____ hr. _____ min.

Immediate cause of death lymphatic leukemia
Due to _____
Due to _____

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

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____
Duration _____

10. Usual occupation Farming
11. Industry or business _____

MOTHER FATHER
12. Name George Eichman
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Reid
15. Birthplace Germany
(City, town, or county) (State or foreign country)

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 _____

16. (a) Informant Mrs O.K. Eichman
(b) Address Palmyra, Missouri
17. (a) Burial (b) Date thereof 8/8/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery
18. (a) Signature of funeral director Lewis Bros
Palmyra, Missouri
(b) Address _____
19. (a) 8-7-46 (b) Dr. E. M. Luecke
(Date received local registrar) (Registrar's signature)

23. Signature J. W. Hill M.D. (M.D. or other) _____
Address Palmyra, Mo. Date signed Aug 6, 1946

9876543210

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. Lewis*

Licensed Embalmer No. *2387*

P. O. Address *Palmyra, 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.