

No. 2
12-45
17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 4 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39443**

Registration District No. **266**

Primary Registration District No. **366 4536**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Washington

(b) City or town Pataskala
(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 _____)

In this community _____ years, months or days

3. (a) PRINT FULL NAME James C. Eisey

3. (b) If veteran name war _____

3. (c) Social Security No. _____

4. Sex MO 5. Color or race white

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased June 11 1854
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>92</u>	<u>4</u>	<u>18</u>	hr. min.

9. Birthplace Randolph Co. Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business none

MOTHER { 12. Name William Eisey

13. Birthplace Randolph Co. Ill.
(City, town, or county) (State or foreign country)

14. Maiden name Martha Mc Cormick

15. Birthplace Randolph Co. Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Homey Eisey

(b) Address Pataskala Mo

17. (a) Burial (b) Date thereof 11-6-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Steelville Ill

18. (a) Signature of funeral director Mrs. Luther Spack

(b) Address Pataskala Mo

19. (a) Nov 10 46 (b) Mrs G F Treanor
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Washington

(c) City or town Pataskala
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 4
year 1946 hour 7 minute 45 A.M.

21. I hereby certify that I attended the deceased from Nov 3 to Nov 7 1946
and that I last saw him alive on Nov 3 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
At Base of Brain
with Respiratory
Paralysis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

Duration _____

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) _____

(e) Means of injury _____

23. Signature E. J. Truwell (M.D. or other) _____

Address Pataskala Mo Date signed 11/7/46

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

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RECEIVED

District Health Officer No. 4
District File Number 1246-2918
Date Filed 12-2-46

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 Murphy Sparks
Licensed Embalmer No. 4636
P. O. Address Flat River, 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.