

FILED DEC 24 1946

Registration District No. 228

Primary Registration District No. 5802

Registrar's No. 49

1. PLACE OF DEATH:
 (a) County Monroe
 (b) City or town Leesburg
 (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 50 yrs years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Monroe
 (c) City or town Leesburg
 (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 _____

3. (a) PRINT FULL NAME Charles Elmer Eyer
 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 MARRIED
 6. (b) Name of husband or wife SELENAR EYER
 6. (c) Age of husband or wife if alive 79 years
 7. Birth date of deceased Apr 29 1868
 (Month) (Day) (Year)

8. AGE: Years 78 Months 7 Days 7
 If less than one day hr. _____ min. _____

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

10. Usual occupation FARMER

11. Industry or business _____

12. Name Henry Eyer

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

14. Maiden name Sarah BLINN

15. Birthplace Germany
 (City, town, or county) (State or foreign country)

16. (a) Informant W.C. Eyer
 (b) Address Clarence Mo.

17. (a) Burial (b) Date thereof 12-3-1946
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Maplewood-Clarence

18. (a) Signature of funeral director E.E. Hopper
 (b) Address Clarence Mo.

19. (a) 12/9/46 (b) Oliver Little
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec day 1
 year 1946 hour 1 minute 30p. M.
 21. I hereby certify that I attended the deceased from Aug 31
1946 to Dec 1 1946
 that I last saw him alive on Dec 1 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis
 Duration 1 yr
 Due to _____
 Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings:
 Of operations 930
 Of autopsy _____

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? 0

While at work? _____ (Specify type of place)
 (c) Means of injury _____
 23. Signature D.L. Harlan (M. D. or other) M.D.
 Address Clarence Mo Date signed Dec 3 1946

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

MOTHER FATHER

MAR 3 1946

RECEIVED
District Health Officer No. 10
File Number 2-16-2288
DEC 20 1945
Dist. File

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..... *Louis E. Hopper*
Licensed Embalmer No. *4761*
P. O. Address..... *Clarence, 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...

0. 2B
3-45
X43880

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. Jan
Registrar's No. 49

Registration District No. 226

Primary Registration District No. 5802

1. PLACE OF DEATH:

(a) County monroe
(b) City or town Steubung
(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 _____ (Specify whether _____ years, months or days)

3. (a) PRINT FULL NAME

Charles E. Eyer

(b) If veteran, name war _____

(c) Social Security No. _____

4. Sex m 5. Color or race w
6. (a) Single, widowed, married, divorced m

(b) Name of husband or wife _____ (c) Age of husband or wife if alive _____

7. Birth date of deceased April 2nd 1911
(Month) (Day) (Year)

8. AGE: Years 78 Months _____ Day _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name _____

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

14. Maiden name _____

15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 12/9/46 (b) Oliver Little
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ year 1946 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Duration

Due to _____

Due to _____

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

Major findings: Of operations _____

Of 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) _____

(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 _____ (M. D. or other) _____

Address _____ Date signed _____

SUPPLEMENTARY

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

41416