

FILED JUL 9 1947

Registration District No. 224

Primary Registration District No. 3046

Registrar's No. 43

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

1. PLACE OF DEATH:

(a) County Moniteau

(b) City or town California
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Moniteau

(c) City or town California
(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 HENRIETTA K. ECKERLE

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

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

6. (b) Name of husband or wife Louis Eckerle 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased April 5 1875
(Month) (Day) (Year)

8. AGE: Years 72 Months 2 Days 16 If less than one day _____ hr. _____ min.

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

10. Usual occupation housewife

11. Industry or business _____

MOTHER FATHER { 12. Name John P. Fischer 4

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

14. Maiden name Margaret Elizabeth Weingarten

15. Birthplace Moniteau Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant L. P. Eckerle
(b) Address California Missouri

17. (a) burial (b) Date thereof 6-23-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Catholic Cmn. California

18. (a) Signature of funeral director A. E. Wilson
(b) Address California Missouri

19. (a) 6-23-47 (b) H. R. Popelay
(Date received local registrar) (Registrar's certificate) _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21st, year 1947 hour 2:00 am. minute _____ M.

21. I hereby certify that I attended the deceased from July 18, 1946, to June 21, 1947

that I last saw him (alive) on June 20, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Intercalial hemorrhage

Due to Carcinoma sigmoid flexure

Due to _____

Other conditions. (Include pregnancy within 3 months of death) 46E

Major findings: Secty, 1947 - Cecostomy done and growth inspected

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? _____

(Specify type of place) _____ (e) Means of injury D

23. Signature J. P. Benke (M. D. or other) _____
Address California, Ill. Date signed 6-21-47

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 7/8/47

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..... *A. E. Wilson*.....
Licensed Embalmer No. *2351*.....
P. O. Address *California, 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.