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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED AUG 4 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 24948  
Registrar's No. 154

Registration District No. 251 Primary Registration District No. 5846

1. PLACE OF DEATH:  
(a) County Nodaway  
(b) City or town Elmo, Mo. "Rural" Lincoln  
(c) Name of hospital or institution:  
At Home  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME WILLIAM CHARLES ECKER  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security \_\_\_\_\_  
4. Sex Male  5. Color or race White  
6. (a) Single, widowed, married, divorced, widowed  
6. (b) Name of husband or wife Minnie (Deceased)  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased November 18, 1866  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	80	10	3	- hr. - min.

9. Birthplace Wisconsin (City, town, or county)  
10. Usual occupation Farming (State or foreign country)

11. Industry or business None  
12. Name John M. Ecker  
13. Birthplace Sciler County Missouri (City, town, or county) (State or foreign country)  
14. Maiden name Mary A. Fradger (State or foreign country)  
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Amos Ecker, (b) Address Elmo, Mo.  
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/25/47 (Month) (Day) (Year)  
(c) Place: College Springs  
18. (a) Signature of funeral director (b) Address 120 East 1st, Maryville, Mo.  
19. (a) 7/24/47 (Date received local registrar) (b) Bess Hall (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Nodaway 74  
(c) City or town Elmo "Rural" 0  
(d) Street No. 3 1/2 Miles Northwest. 0  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month July day 21st year 1947 hour 7 minute 00 A. M.  
21. I hereby certify that I attended the deceased from 1943 to July 21, 1947 that I last saw him alive on July 18, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary occlusion  
Due to: arteriosclerosis  
Other conditions: (Include pregnancy within 3 months of death)  
Major findings: Of operations: *gupa*  
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? \_\_\_\_\_  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature *Asperber* (M. D.)  
Address *Clarinda, Ia.* Date signed *7/24/47*

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

MOTHER FATHER

DISTRICT HEALTH OFFICE  
Cambridge, MA

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 W L Lee

Licensed Embalmer No. 2539

P. O. Address Maryville, 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.