

Registration District No. 344

Primary Registration District No. 6162

1. PLACE OF DEATH:

(a) County Stone  
(b) City or town Ruthsburg  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. Three days (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Lerry Gene Eisenhan

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex m o 5. Color or race wh 6. (a) Single, widowed, married, divorced 0

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

7. Birth date of deceased May 8 1947 (Month) (Day) (Year)

8. AGE: Years Months Days 3 If less than one day hr. min. 0

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

10. Usual occupation

11. Industry or business

12. Name Melvin E. Eisenhan

13. Birthplace Reeds Spring mo (City, town, or county) (State or foreign country)

14. Maiden name Dorothy Hedrick

15. Birthplace Reeds Spring mo (City, town, or county) (State or foreign country)

16. (a) Informant Melvin Eisenhan

(b) Address Helena mo

17. (a) Burial (b) Date thereof April 1-47 (Month) (Day) (Year)

(c) Place: burial or cremation of open box

18. (a) Signature of funeral director Everett J. Cheatham

(b) Address Helena mo

19. (a) 6-11-1947 (b) Myrtle Leforuth (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Stone 104  
(c) City or town Rural (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 6 day 10 year 1947 hour 08 minute 11 M.

21. I hereby certify that I attended the deceased from 19 to 19 that I last saw him alive on 6-8-47 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Indigestion Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 118

Of autopsy

22. If death was due to external causes, fill in the following:

(c) 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 0

23. Signature W.P. Lester (M.D. or other)

Address Reeds Spring mo Date signed 6-10-47

RECEIVED

District Health Officer No. 67

District File Number 747-12-2

Date Filed JUN 21 1947

STATEMENT BY LICENSED EMBALMER

*not*

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

*Everett J. Cheatham*

Licensed Embalmer No. 3870

P. O. Address *Halena 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.