S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 16 1947

Registration District No. 212

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42374

Primary Registration District No. 3044

Registrar's No. 60

1. PLACE OF DEATH:
(a) County Miller
(b) City or town Eldon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 115 N. Maple
(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 Missouri (b) County Miller
(c) City or town Eldon
(If outside city or town limits, write "RURAL")
(d) Street No. 115 N. Maple
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME HENRY ECCLES
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Larrie Eccles
6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased Sept. (Month) 5 (Day) 1870 (Year)

8. AGE: Years 77 Months 2 Days 23 If less than one day ..... hr. ..... min.

9. Birthplace Livingston Co., (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Apartment owner &
11. Industry or business Manager.
FATHER
12. Name Samuel B. Eccles
13. Birthplace ..... (City, town, or county) Indiana (State or foreign country)
MOTHER
14. Maiden name Angie Jacobs
15. Birthplace Livingston Co. (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Mrs. Henry Eccles
(b) Address Eldon, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-1-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Eldon Cemetery
18. (a) Signature of funeral director Louis D. Phillips
(b) Address Eldon, Missouri
19. (a) 11-29-'47 (Date received local registrar) (b) Wernetta Walter (Registrar's signature) 1920

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 28 year 1947 hour 6 minute P. M.
21. I hereby certify that I attended the deceased from 11/28 1947, to 11/28 1947; that I last saw him alive on 11/28/47, 19..; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	4 hrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

94 P

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? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....
23. Signature G. D. Walker (M. D. or other) M.D.
Address Eldon Mo Date signed 11/29/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 12-15-47

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 Louis D. Phillips, Registered Apprentice No. ....., working under my personal supervision.

Signed Louis D. Phillips

Licensed Embalmer No. 3663

P. O. Address Eldon

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.