S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 14 1948

Registration District No. 73

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 643

Primary Registration District No. 5398

Registrar's No. 10

1. PLACE OF DEATH:

(a) County: DADE

(b) City or town: RURAL - POLK TOWNSHIP
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 8 MILES S.E. OF GREENFIELD
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: NONE (Specify whether years, months or days)

In this community: 57 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State: MISSOURI (b) County: DADE

(c) City or town: RURAL
(If outside city or town limits, write "RURAL")

(d) Street No.: 8 MILES S.E. OF GREENFIELD
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country: NO

3. (a) PRINT FULL NAME: FRED JOSEPH EISERT

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: EVA EISERT

6. (c) Age of husband or wife if alive: ✓ years

7. Birth date of deceased: JANUARY (Month) 28 (Day) 1859 (Year)

8. AGE: Years 89 Months 0 Days 1 If less than one day: hr. min.

9. Birthplace: STEELE COUNTY (City, town, or county) MINNESOTA (State or foreign country)

10. Usual occupation: FARMER

11. Industry or business: FARM

FATHER
12. Name: CHARLES EISERT
13. Birthplace: NO RECORD (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: ROSE YOUNG
15. Birthplace: NO RECORD (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Eva Eisert
(b) Address: R#1 Everton, Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: 2-1-48 (Month) (Day) (Year)
(c) Place: burial or cremation: GREENFIELD CEMETERY

18. (a) Signature of funeral director: Sam E. Benaemey Jr.
(b) Address: Greenfield, Mo.

19. (a) 2-3-48 (Date received local registrar) (b) Geo. L. Weir (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JANUARY day 29 year 1948 hour 11:50 minute P. M.

21. I hereby certify that I attended the deceased from Dec. 28 - 1947 to Jan. 29 - 1948 that I last saw alive on 1-29- 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Cardio. Vascular disease — Duration

Due to:

Due to:

Other conditions (Include pregnancy within 3 months of death): NO

Major findings: Of operations: NO

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? (Specify type of place)

While at work?

(e) Means of injury:

23. Signature: H. D. Combs (M. D. or other)

Address: Lockwood, Mo. Date signed 2-2-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 248-231
Date Filed FEB 22 1948

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 Sam E. Sensenney Jr

Licensed Embalmer No. 4099

P. O. Address Greenfield, 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.