

No. 2
-12-45
-5-17-39
X47070

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1910
Registrar's No. 13

FILED JAN 24 1948

Registration District No. 207

Primary Registration District No. 3048

1. PLACE OF DEATH:

(a) County Nodaway

(b) City or town Maryville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Francis Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 23 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Julia Ellis Eckhart

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife John C. Eckhart

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

7. Birth date of deceased Mar. 15 1860
(Month) (Day) (Year)

8. AGE: Years 87 Months 10 Days 1 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name William W. Kunkel

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

14. Maiden name Elizabeth Ann Robison

15. Birthplace Jonesboro Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. R. S. Cowan

(b) Address Maitland Mo.

17. (a) Removal (b) Date thereof I-17-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lafayette, Ind.

18. (a) Signature of funeral director Price Funeral Home

(b) Address Maryville Mo.

19. (a) 1-17-48 (b) Bess Holt
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway

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

(d) Street No. 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 Jan. day 16 year 1948 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan 1 to Jan 16 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage 16 da

Duration 16 da

Due to Hypertension Schistocytes ?

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 838

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Bess Holt (M. D. or other) M.D.

Address Maryville Mo. Date signed 1/17/48

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

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 *John W. Price*

Licensed Embalmer No. *4281*

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.