

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

FILED MAR 25 1948

Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 101

WHEN RELAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Marion  
(b) City or town Hannibal  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Levering  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 wk. 1 day  
(Specify whether  
In this community  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain  
(c) City or town Rural - 8 mi. South  
(If outside city or town limits, write "RURAL")  
(d) Street No. Vandalia - 8 mi. South  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Helen Celesta Eskew

3. (b) If veteran, name war. (c) Social Security No.

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John Eskew 6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased August 4 1912  
(Month) (Day) (Year)

8. AGES	Years	Months	Days	If less than one day
	<u>35</u>	<u>7</u>	<u>4</u>	hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Jim Arthur

13. Birthplace Louisiana Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Daisy Arthur

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

16. (a) Informant John Eskew

(b) Address Vandalia, Mo.

17. (a) Burial (b) Date thereof Mar 11 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Vandalia Cemetery

18. (a) Signature of funeral director W.S. Waters

(b) Address 316 Vandalia, Mo.

19. (a) 3/16/48 W.E. Muecke  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar 8 day  
year 1948 hour 4 p.m. minute M.

21. I hereby certify that I attended the deceased from Feb 24 1948 to Mar 8 1948  
that I last saw her alive on Mar 8 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Ac myocardial infarction  
(T. & D. Myocarditis)

Due to  
Due to  
Other conditions (Include pregnancy within 3 months of death)

Major findings: Uncomplicated  
Of operations

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) (b) Means of injury

23. Signature [Signature] (M. D. or other)  
Address 100 Vandalia, Mo. Date signed 3/16/48

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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**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..... *William B. Waters* .....

Licensed Embalmer No. *4169* .....

P. O. Address..... *Vandalia 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.**