S. No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 22 1948
Registration District No. 326

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15127
Primary Registration District No. 4482
Registrar's No. 321

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

1. PLACE OF DEATH:
(a) County Scotland
(b) City or town Memphis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community All his life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Scotland
(c) City or town Memphis 94
(If outside city or town limits, write "RURAL")
(d) Street No. /
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Rosamah May Eckel
3. (b) If veteran, name war /
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife John C Eckel
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June 30 1867 (Month) (Day) (Year)
8. AGE: Years 80 Months 7 Days 4 If less than one day hr. min.
9. Birthplace Scotland (City, town, or county) Mo (State or foreign country)
10. Usual occupation House wife
11. Industry or business
MOTHER FATHER
12. Name John Baker Sr
13. Birthplace Iowa (City, town, or county) (State or foreign country)
14. Maiden name Francinda Baker
15. Birthplace Scotland (City, town, or county) Mo (State or foreign country)
16. (a) Informant Edward M Eckel
(b) Address Memphis Mo
17. (a) Buried (Burial, cremation, or removal) (b) Date thereof Apr 7 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Memphis
18. (a) Signature of funeral director Martha Bischard
(b) Address Memphis Mo
19. (a) 4/6/48 (Date received local registrar) (b) J M Baber (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 4 year 1948 hour 4 minute 30 A.M.
21. I hereby certify that I attended the deceased from April 3, 1948 to April 3, 1948 that I last saw him alive on April 3, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Lobar Pneumonia	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
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?
While at work? (Specify type of place) (e) Means of injury
23. Signature J M Baber (M. D. or ~~other~~)
Address Memphis Mo Date signed 4/6/48

(Licensed Embalmer's Statement on Reverse Side)

X

RECEIVED
District Health Officer No.
District File Number 4-48-72
APR 20 1948
Date Filed

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. Fred Zerth

Licensed Embalmer No. 4256

P. O. Address. Memphis Tenn

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.