

FILED JUN 24 1948

Registration District No. ....

Primary Registration District No. 5002

Registrar's No. 181

1. PLACE OF DEATH:

(a) County Adair  
(b) City or town Pure Air  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
South East of Pure Air  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair  
(c) City or town Pure Air  
(If outside city or town limits, write "RURAL")  
R. R.  
(d) Street No. (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Stella May Eitel

3. (b) If veteran, name war  
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 Joe Eitel 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Jan. 25 1878  
(Month) (Day) (Year)

8. AGE: Years 70 Months 1 Days 6 If less than one day hr. min.

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

10. Usual occupation Home

11. Industry or business

12. Name George Wesley Burchett

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

14. Maiden name Amelia Bishop

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

16. (a) Informant Manuel Eitel

(b) Address Kirksville, Mo.

17. (a) Burial (b) Date thereof 6/3/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ringo Point

18. (a) Signature of funeral director Dee Riley Funeral Home While at work? (Specify type of place) (c) Means of injury

(b) Address Kirksville, Missouri

19. (a) 6-14-48 (b) Kate Lambert, Registrar's signature  
(Date received local registrar) (Registrar's signature)  
23. Signature W. E. Mumme (M. D. or other)  
Address Kirksville, Mo. Date signed 6/3-48

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1  
year 1948 hour 2:15 minute P.M.

21. I hereby certify that I attended the deceased from 3/20 1948 to 5/31 1948  
that I last saw her alive on 5/31/1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes Mellitus

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?

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

RECEIVED

District Health Officer No. 10

District File Number 6-48-1000

Date Filed JUN 22 1948

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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.....

Jack L. Dooley, Registered Apprentice No. 222

working under my personal supervision.

Signed..... *D. E. Riley*

Licensed Embalmer No. 4181

P. O. Address Kirksville, 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.