FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 25 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25321

Registration District No. 1 — Primary Registration District No. 3000 — Registrar's No. 241

1. PLACE OF DEATH:
(a) County: Adair
(b) City or town: Kirksville (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 604 East Randolph St. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community: Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Adair
(c) City or town: Kirksville (If outside city or town limits, write "RURAL")
(d) Street No.: 604 East Randolph St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: GEORGE W. EITEL
3. (b) If veteran, name war ..... 3. (c) Social Security No. .....
4. Sex: Male 5. Color or race: White 6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Cora Eitel 6. (c) Age of husband or wife if alive: 68 years
7. Birth date of deceased: December (Month) 25 (Day) 1864 (Year)

8. AGE:	Years	Months	Days	If less than one day
	83	7	6	hr. min.

9. Birthplace: Adair Co. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Retired Farmer
11. Industry or business .....
FATHER
12. Name: Christopher Eitel
13. Birthplace: DK (City, town, or county) Ohio (State or foreign country)
MOTHER
14. Maiden name: Catherine Etzel
15. Birthplace: DK (City, town, or county) Germany (State or foreign country)
16. (a) Informant: Mrs. G. W. Eitel
(b) Address: Kirksville, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8-4-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Highland Park Cemet.
18. (a) Signature of funeral director: Davis Funeral Home
(b) Address: Kirksville, Mo.
19. (a) 8-17-48 (Date received local registrar) (b) Kate Lambert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: August day: 2 year: 1948 hour: 1 minute: 45 A.M.
21. I hereby certify that I attended the deceased from December 9, 1948 to August 1, 1948; that I last saw him alive on August 1, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Myocardial failure	18 hrs.
Due to: Chronic Myocarditis	2 yrs
Due to:	
Other conditions: Chronic Cystitis (Include pregnancy within 3 months of death)	2-3 yrs.

Major findings:
Operations: 935
Of autopsy

PHYSICIAN
Underline the cause of 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: [signature] (M. D. or other)
Address: 201 E. Patterson Kirksville Mo Date signed: 8-9-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 10
District File Number 9-48-1488
Date Filed AUG 23 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 Clarence M. Billo

Licensed Embalmer No. 4375

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.