

No. 300  
10-47  
5-17-39  
I 3906

FEDERAL BUREAU OF INVESTIGATION  
National Office of Vital Statistics  
FILED SEP 8 1948

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

28671

State File No. ....

Registration District No. 29

Primary Registration District No. 4526

Registrar's No. 29

1. PLACE OF DEATH:

(a) County Vernon  
(b) City or town Saldon  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 9  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution ✓ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Vernon  
(c) City or town Saldon  
(If outside city or town limits, write "RURAL")  
(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 MARY LAVINA HOMPHECY  
3. (b) If veteran, name war ✓  
3. (c) Social Security No. ....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 23  
year 1948 hour ..... minute ..... M.  
21. I hereby certify that I attended the deceased from May 31, 1948  
..... 19..... to August 22, 1948;  
that I last saw her alive on August 22, 1948;  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race W.  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Commodore  
6. (c) Age of husband or wife if alive ..... years  
7. Birth date of deceased July 6 1862  
(Month) (Day) (Year)

Immediate cause of death gastric hemorrhage  
Duration 2 days

8. AGE: Years 86 Months 1 Days 17  
If less than one day hr. .... min. ....

Due to carcinoma of stomach  
Diagnosed by X-rays on June 9, 1948

9. Birthplace Coche co Tenn!  
(City, town, or county) (State or foreign country)  
10. Usual occupation House Wife

Other conditions (include pregnancy within 3 months of death) .....

11. Industry or business .....

Major findings: Of operations 410  
Of autopsy .....

12. Name Jacob Eisenhauer  
13. Birthplace Tenn!  
(City, town, or county) (State or foreign country)  
14. Maiden name Elizabeth Ottinger  
15. Birthplace Tenn!  
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) .....

16. (a) Informant Mrs. Mae Eisenhauer  
(b) Address Saldon  
17. (a) Burial (b) Date thereof 8/25/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Saldon  
18. (a) Signature of funeral director Ernest Beery  
(b) Address Saldon  
19. (a) Sept. 1, 1948 (b) Mrs. Ruth Faith  
(Registrar's signature) 230

23. Signature John T. Buckel (M. D. or other) M. D.  
Address Lamar, Missouri Date signed 8/25/48

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

MOTHER FATHER

REC 161948

RECEIVED

District Health Officer No. 71

District File Number 8-48-1042

Date Filed 9-2-48

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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 L. Gerald Beery

Licensed Embalmer No. 420(B)

P. O. Address Shelton 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.**