

Registration District No. 52 Primary Registration District No. 3017 Registrar's No. 126

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

1. PLACE OF DEATH:  
(a) County Cooper  
(b) City or town Boonville  
(c) Name of hospital or institution:  
408 E. Spring St.  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community All of life.

3: (a) PRINT FULL NAME William Eller.  
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 Mrs. Florence Eller.  
6. (c) Age of husband or wife if alive 86 years  
7. Birth date of deceased February 3 1860

8. AGE: Years 88 Months 7 Days 15  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Cooper County, Missouri

10. Usual occupation Retired Farmer.

11. Industry or business \_\_\_\_\_

12. Name Dave Eller.  
13. Birthplace Unknown.  
14. Maiden name Martha Oglesby  
15. Birthplace Unknown.

16. (a) Informant Mrs. Geo. Robain.  
(b) Address Boonville, Missouri.

17. (a) Burial (b) Date thereof Sept. 20th. 1948  
(c) Place: burial or cremation Walnut Grove Cemetery.

18. (a) Signature of funeral director Goodman & Boller.  
(b) Address Boonville, Mo.

19. (a) 9-20-48 (b) [Signature]

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Cooper  
(c) City or town Bunceton  
(d) Street No. \_\_\_\_\_  
(e) Citizen of foreign country? No

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Sept. day 18  
year 1948 hour 4 minute 8 A.M.  
21. I hereby certify that I attended the deceased from Aug 14 1948 to Sept 18 1948  
that I last saw him alive on Sept 17 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac decompensation  
Due to arteriosclerotic heart disease

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: 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? \_\_\_\_\_  
(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 [Signature] (M. D. or other) [Signature]  
Address Boonville, Mo. Date signed 9-21-48

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 10-7-48

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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 J. H. Goodman  
Licensed Embalmer No. 1178  
P. O. Address Beaverville, 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.