

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED OCT 8 1948

Registration District No. 324

Primary Registration District No. 40-704470

Registrar's No. 204

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Arrow Rock, Mo
(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.
(Specify whether
In this community All her life
years, months or days)

3. (a) PRINT
FULL NAME

Mona Eichman

3. (b) If veteran,

name war

3. (c) Social Security No.

None

4. Sex Female 5. Color or White
6. (a) Single, widowed, married, Single
divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if
alive years
7. Birth date of deceased October 26th, 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 10 19 hr. min.

9. Birthplace Quincy Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business

12. Name Reuben Eichman

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

14. Maiden name Catherine Reid

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

16. (a) Informant Mrs Edward Parks

(b) Address Arrow Rock, Mo.

17. (a) Burial (b) Date thereof Sept. 17, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Arrow Rock, Mo

18. (a) Signature of funeral director Charles Reid

(b) Address Marshall, Mo.

19. (a) Sept. 19, 1948 (b) Sidney T. Gray
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline
(c) City or town Arrow Rock
(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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 15
year 1948 hour 10 minute 15 A. M.

21. I hereby certify that I attended the deceased from May - 12 1948, to Sept - 12 1948;
that I last saw him alive on Sept. 12 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death

Chn. Myocarditis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

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)
(e) Means of injury

23. Signature P. L. Lawless (M. D. or other)
Address Marshall, Mo. Date signed 9-16-48

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 10-7-48

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

W. Campbell Jr.

Licensed Embalmer No.

3967

P. O. Address

Marshall, 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.