S. No. 2
I—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 37948

FILED NOV 17 1948

Registration District No. 2009

Primary Registration District No. 3043

Registrar's No. 348

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

1. PLACE OF DEATH:

(a) County Marion

(b) City or town Hannibal (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Residence 618 Scyamore (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion

(c) City or town Hannibal (If outside city or town limits, write "RURAL")

(d) Street No. 618 Sycamore (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Louis Walter Eisele

3. (b) If veteran, name war

3. (c) Social Security No. 491-05-5888

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Neva Eisele

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased August 27, 1885 (Month) (Day) (Year)

8. AGE: Years 63 Months 2 Days 11 If less than one day hr. min.

9. Birthplace Livingston Illinois (City, town, or county) (State or foreign country)

10. Usual occupation Stockman

11. Industry or business Montgomery Ward

FATHER
12. Name John Eisele
13. Birthplace Illinois (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Hannah Fugar
15. Birthplace Illinois (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. L. W. Eisele

(b) Address 618 Scyamore Hannibal Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/11/48 (Month) (Day) (Year)

(c) Place: burial or cremation Grandview Burial Park

18. (a) Signature of funeral director Wm Crawford Smith

(b) Address 902 Broadway Hannibal Missouri

19. (a) Nov 9-'48 (Date received local registrar) (b) Dr E M Lucke (Registrar's signature) 1X9

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 8 year 1948 hour 11 minute 30 P. M.

21. I hereby certify that I attended the deceased from Nov. 8, 1948, to Nov. 6, 1948, that I last saw him alive on Nov. 8, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy no

Duration

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 A. B. Blue (M. D. ~~or other~~)

Address Hannibal Mo. Date signed

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

## 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 N. Crawford Smith

Licensed Embalmer No. 3814

P. O. Address Hannibal Missouri

**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.**