

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D MAR 15 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

6552  
Do not use this space.

1. PLACE OF DEATH

(a) County Cooper Registration District No. 219  
 (b) Township Kelly Primary Registration District No. 5299 Registered No. \_\_\_\_\_  
 (c) City Brunston (d) Street No. \_\_\_\_\_ (If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
 (e) Length of residence in city or town where death occurred 50 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME HARVEY CLAYTON EICHELBERGER

(a) Residence, No. \_\_\_\_\_ County \_\_\_\_\_ St.  (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Elizabeth Helms

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 14 - 1869

7. AGE YEARS <u>68</u>	MONTHS <u>9</u>	DAYS <u>11</u>	IF LESS than 1 day, _____ hrs. or _____ min.
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8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

FATHER

13. NAME Adam S. Eichelberger

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maryland

MOTHER

15. MAIDEN NAME Syvilla Favorite

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maryland

17. INFORMANT (ADDRESS) Mabel E. Wisner  
Pilot Grove, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Brunston DATE 2/27 - 1938

19. FUNERAL DIRECTOR (ADDRESS) J. G. Parker

20. FILED 2-26 - 1938 Ann Whitaker Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jul 25 - 1938

22. I HEREBY CERTIFY, That I attended deceased from July 21<sup>st</sup>, 1938, to July 25<sup>th</sup>, 1938. I last saw him alive on July 25<sup>th</sup>, 1938. Death is said to have occurred on the date stated above, at 8:30 pm. The principal cause of death and related causes of importance were as follows:  
Pneumonia

Date of onset 6/17

Other contributory causes of importance: 23  
Possibly  
Tuberculosis of lungs

Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide?  Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur?  (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? Yes  
 If so, specify \_\_\_\_\_  
 (Signed) W. H. Eustace, M. D.  
Brunston, Mo.

STATEMENT BY LICENSED EMBALMER

I, L. G. Parker, Licensed Embalmer No. 25,47

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed L. G. Parker

Licensed Embalmer No. 25,47

**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.)**