SEP 24 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28984

Registration District No. 496 Primary Registration District No. 3025 Registrar's No. 77

1. PLACE OF DEATH:

(a) County Linn

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

(c) Name of hospital or institution: McLarney Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 hrs (Specify whether)

In this community (years, months or days) 260

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Linn

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

(d) Street No. 518 N Ave (If rural, give location)

(e) If foreign born, how long in U. S. A.? — years.

3. (a) PRINT FULL NAME Lewis, C. Eicher

3. (b) If veteran, name war —

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mrs Nettie Eicher

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Apr (Month) 28 (Day) 1878 (Year)

8. AGE: Years 62 Months 3 Days 16 If less than one day hr. min.

9. Birthplace Indianola (City, town, or county) Ia (State or foreign country)

10. Usual occupation

11. Industry or business Restaurant Owner

FATHER
12. Name George Eicher
13. Birthplace Indianola (City, town, or county) Ia (State or foreign country)

MOTHER
14. Maiden name Elvira Warren
15. Birthplace — (City, town, or county) Ohio (State or foreign country)

16. (a) Informant's own signature Dorothy Sims

(b) Address Marceline, Mo

17. (a) Sr Michaels (Burial, cremation, or removal) (b) Date thereof Aug (Month) 16 (Day) 40 (Year)

(c) Place: burial or cremation Brookfield Mo

18. (a) Signature of funeral director Hunt & Rollins

(b) Address Brookfield Mo

19. (a) 8-16-40 (Date received local registrar) (b) Snap & Lugar (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 14 year 1940 hour 05:15 minute A M.

21. I hereby certify that I attended the deceased from June 15, 1940 to Aug. 14, 1940 that I last saw him alive on 8-14, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of Tongue & throat	4 Mos
Due to	
Due to	
Other conditions Diabetes Mellitus (Include pregnancy within 3 months of death)	3 yrs

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to 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? 445 (Specify type of place)

While at work? — (e) Means of injury —

23. Signature C C Enoch (M. D. or other) DO

Address Brookfield Mo Date signed 8/15

(Licensed Embalmer's Statement on Reverse Side)

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

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

Rev. 5-17-39 I X19511

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RECEIVED
District Health Officer No. 11
District File Number
Date Filed

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 W Rollins

Licensed Embalmer No. 11644

P. O. Address Brookfield Me

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, above space should be left blank.

S. No. 2B
M—2-21-40
I X22559

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28984

Registration District No. 496 Primary Registration District No. 3025 Registrar's No.

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Lynn

(b) City or town Brookfield (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 years, months or days)

3. (a) PRINT FULL NAME Lewis C. Eicher

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex m

5. Color or race w

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

6. (b) Name of husband or wife

6. (c) Age of husband, or wife, if alive year

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 62 Months 3 Days 16 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

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

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

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

(e) If foreign born, how long in U. S. A.? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 14 year 1940 hour minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of tongue + throat

Due to Primary lesion on right side of tongue between or opposite

Due to Facial pillars

Other conditions Diabetes mellitis (Include pregnancy within 3 months of death)

Major findings:
Of operations 45

Of autopsy

Duration

PHYSICIAN

Underline the cause to 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 [signature] (M. D. or other)

Address Brookfield Mo Date signed