

-11-10-39
5-17-39
-I X21492

DEPARTMENT OF COMMERCE MISSOURI STATE BOARD OF HEALTH
BUREAU OF THE CENTRAL REGISTER
STANDARD CERTIFICATE OF DEATH

State File No. 36049

Registration District No. 678 Primary Registration District No. 5904 Registrar's No.

1. PLACE OF DEATH:
(a) County Phelps
(b) City or town Rural St James Mo
(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 2
In this community (Specify whether years, months or days)

8. (a) PRINT FULL NAME Margaret J. Eckman
3. (b) If veteran, name war. No. 3. (c) Social Security No.

4. Sex female 5. Color or race white
6. (b) Name of husband or wife Husband W J Eckman
7. Birth date of deceased 8-4-1877
(Month) (Day) (Year)

8. AGE: Years 63 Months 2 Days 25 If less than one day hr. min.

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

10. Usual occupation House wife

11. Industry or business
12. Name John L. Kolb
13. Birthplace Germany
14. Maiden name Margaret Hurst
15. Birthplace Germany

16. (a) Informant St J Eckman
(b) Address St James Mo

17. (a) Burial (b) Date thereof 10-31-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Maroon Cem

18. (a) Signature of funeral director W E Reckleder
(b) Address St James Mo

19. (a) 10-30-40 (b) Elsie B. Dork
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Phelps
(c) City or town St James
(If outside city or town limits write "RURAL")
(d) Street No. Rural
(If rural, give location)
(e) If foreign born, how long in U. S. A. 6 years.

20. DATE OF DEATH: Month 10 day 29
year 1940 hour 4:30 minute P M.

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

Immediate cause of death
Suicide
by hanging her self

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) 165

Major findings:
Of operations _____
Of autopsy no

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence 10-29-1940
(c) Where did injury occur? Her Home Phelps Co Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In Home
While at work? (Specify type of place) (e) Means of injury Hanging
23. Signature Oral Reckleder
Address St James Date signed 10-30-40

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 5,

District File Number 1140115

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 _____

ME _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Orval E. Lichlitz _____

Licensed Embalmer No. 8540

P. O. Address St James _____

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.