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—11-10-39
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 25 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36237

Registration District No. 761 Primary Registration District No. 4456 Registrar's No. 36

1. PLACE OF DEATH:

(a) County St Clair

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

(c) Name of hospital or institution: Home - East 2nd St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 (Specify whether years, months or days)

In this community 58 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Clair

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

(d) Street No. 0
(If rural, give location)

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

3. (a) PRINT FULL NAME CORA. EILER

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Fem

5. Color or race White

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

6. (b) Name of husband or wife John Eiler

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

7. Birth date of deceased July (Month) 24 (Day) 1857 (Year)

8. AGE: Years 86 Months 3 Days 5 If less than one day hr. min.

9. Birthplace Delaware Co (City, town, or county) Ohio (State or foreign country) 1

10. Usual occupation House Keeper 1

11. Industry or business 1

FATHER
12. Name John Hammond 1
13. Birthplace (City, town, or county) Ohio (State or foreign country)

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

16. (a) Informant Ethel Hamilton

(b) Address Appleton City Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 31, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Appleton City Mo

18. (a) Signature of funeral director Frank Lee

(b) Address Appleton City Mo

19. (a) Oct 30 1940 (Date received local registrar) (b) Chas Abney (Registrar's signature)

MEDICAL CERTIFICATION

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

21. I hereby certify that I attended the deceased from July 1, 1935, to Oct 29, 1940 that I last saw her alive on Oct 29, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis uremic coma

Due to Nephritis chronic senile clementia

Due to

Other conditions (Include pregnancy within 3 months of death) 131

Major findings:
Of operations

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? 826 (Specify type of place)

While at work? (e) Means of injury

23. Signature A. L. Hansen (M. D. or other) MD

Address Appleton City Date signed 10-30-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 11-40-1511
Date Filed 11-1-40

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 on the 29th day of Oct 1940, Registered Apprentice No. ..... working under my personal supervision.

Signed Frank Lee

Licensed Embalmer No. 099

P. O. Address Appleton City 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, above space should be left blank.