

DEC 18 1941  
Registration District No. 238

Primary Registration District No. 4445

Registrar's No. ....

1. PLACE OF DEATH:

(a) County Dade

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

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

(d) Length of stay: In hospital or institution 36 hours  
(Specify whether)

In this community lifetime in county  
years, months or days

3. (a) PRINT FULL NAME Charles Phillip Eckert

3. (b) If veteran, name war: .....

3. (c) Social Security No. ....

4. Sex M.O. 5. Color White 6. (a) Single, widowed, married, divorced, Single

6. (b) Name of husband or wife: .....

6. (c) Age of husband or wife if alive 1918 years

7. Birth date of deceased: July 27 (Month) 1918 (Day) (Year)

8. AGE: Years 23 Months - Days 27 If less than one day hr. min.

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

10. Usual occupation: Farmer

11. Industry or business: Farmer

12. Name: Ed S. Eckert

13. Birthplace: Pa. (City, town, or county) (State or foreign country)

14. Maiden name: Edna Turner

15. Birthplace: Dade Co. (City, town, or county) (State or foreign country)

16. (a) Informant: Ed S. Eckert

(b) Address: Lockwood Mo.

17. (a) Burial (b) Date thereof: Aug 25 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Amos Cemetery

18. (a) Signature of funeral director: E. Ray Caldwell

(b) Address: Lockwood Mo.

19. (a) 8-27-1941 (b) J. D. Moore  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Dade

(c) City or town: Lockwood  
(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? .....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 23 year 1941 hour 11 minute a M.

21. I hereby certify that I attended the deceased from Aug 21, 1941, to Aug 23, 1941, that I last saw him alive on Aug 23 and that death occurred on the day and hour stated above.

Immediate cause of death: Skull fracture

Due to: Fall on pavement

Other conditions: 1860  
(Include pregnancy within 3 months of death)

Major findings: 39

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): Accident

(b) Date of occurrence: 8-26-41

(c) Where did injury occur? Lockwood Dade Co.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Public place  
(Specify type of place)

While at work? No. (b) Means of injury: 0

23. Signature: J. D. Combs (M. D. or other) \_\_\_\_\_  
Address: Lockwood Mo. Date signed: 8-27-41

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File Number 12418-1890

Date Filed DEC 16 1941

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**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

*Ray Caldwell*

Licensed Embalmer No.

3380

P. O. Address

*Lockwood, Md.*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

If this body is not embalmed, fact should be so stated above.