

JAN 10 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41587

Registration District No. 195

Primary Registration District No. 4111

Registrar's No. _____

1. PLACE OF DEATH:

(a) County CHRISTIAN
(b) City or town SPARTA TOWN
(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 years, months or days

3. (a) PRINT FULL NAME Isodora Ella Eichelberger

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife Hollis H. Eichelberger 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased August 26 1873
(Month) (Day) (Year)

8. AGE: Years 68 Months 3 Days 17 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Humphrey Eoff

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

14. Maiden name Mary Norval

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

16. (a) Informant Mal Abbott

(b) Address Sparta, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/15/41
(Month) (Day) (Year)

(c) Place: burial or cremation Sparta, Missouri

18. (a) Signature of funeral director Otto Reinbom

(b) Address Sparta, Mo.

19. (a) 1-3-1942 (Date received local registrar) (b) Josephine Murritt (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Christian
(c) City or town Sparta (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 December day 13 year 1941 hour 2 minute 30 A.M.

21. I hereby certify that I attended the deceased from 12-noon Dec. 12th, 1941, to December 13, 1941; that I last saw h.e.r. alive on Dec-12th - 10pm., 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage 14 1/2 hours
Due to High Blood Pressure (idiopathic) years

Due to _____

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

Major findings: Of operations g3a
Of autopsy _____

Duration
14 1/2 hours
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? _____ (Specify type of place) _____ (e) Means of injury _____

23. Signature Edward V. Nelson (M. D. or other) 4460
Address Sparta, Missouri Date signed 12/16/41

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

200

RECEIVED

District Health Officer No. 6,

District File Number 142-69

Date Filed JAN 8 1942

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.....

Licensed Embalmer No.....

P. O. Address.....

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, fact should be so stated above.