

Registration District No. 301

Primary Registration District No. 6036

Registrar's No. 1852

1. PLACE OF DEATH:

(a) County Ripley
(b) City or town Doniphan Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 1
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ripley
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 6 mi. S.W. of Doniphan
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 31 at
year 1942 hour 7 minute 20 P.M.
21. I hereby certify that I attended the deceased from 8-1-1941
1941 to 8-28- 1942;

that I last saw her alive on 8-28- 1942;

and that death occurred on the date and hour stated above.

Immediate cause of death Endocarditis Duration 1 yr
Mitral insufficiency

Due to Arteriosclerosis Duration 1 yr
also nephritis

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: 1318

Of operations _____

Of autopsy _____

Duration	PHYSICIAN
<u>1 yr</u>	Underline the cause to which death should be charged statistically.
<u>1 yr</u>	

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature J. Edw. Adamson (M. D. or other) _____

Address Doniphan, Mo. Date signed 9-1-42

3. (a) PRINT FULL NAME LOUISA H. ECKSTEIN

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 Widowed

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

7. Birth date of deceased June 14, 1862
(Month) (Day) (Year)

8. AGE: Years 80 Months 2 Days 17 hr. _____ min. _____

9. Birthplace St. Clair county Ill. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name John Schmidt

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

14. Maiden name Mary Brey

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

16. (a) Informant Walter Eckstein

(b) Address Doniphan Mo.

17. (a) Burial (b) Date thereof Sept. 2, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Love Star Cent

18. (a) Signature of funeral director Blacks mortuary

(b) Address Doniphan Mo.

19. (a) 9-2-42 (b) Ed Adamson
(Date received local registrar) (Registrar's signature)

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

91
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RECEIVED
District Health Officer No. 5,
District File Number 942822
Date Filed 9-14-47

50.50
11 42
62 42

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 Leslie D. Russell

Licensed Embalmer No. 3855

P. O. Address Corning Ark.

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.