

FILED DEC 12 1942

Registration District No. 139

Primary Registration District No. 5541

Registrar's No. 86

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

1. PLACE OF DEATH:

(a) County Holt

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

(c) Name of hospital or institution:
Craig, Mo. - 1 Union Township
(If not in hospital or institution, write street number or location)

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

In this community 61 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Holt

(c) City or town Craig
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Isaac Newton Eckard

3. (b) If veteran, name war none

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 20th
year 1942 hour 9 minute 15^{PM}

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Almira Josephine Eckard

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased June 11, 1866
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov. 15 to Nov 20, 1942
that I last saw him alive on Nov 20, 1942
and that death occurred on the date and hour stated above.

8. AGE: Years 76 Months 5 Days 9
If less than one day _____ hr. _____ min.

Immediate cause of death Bulbar Paralysis Duration 3 yrs

9. Birthplace Mason County West Virginia
(City, town, or county) (State or foreign country)

Due to _____

Due to 82:11

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

10. Usual occupation Retired farmer

11. Industry or business On Farm

MOTHER FATHER

12. Name G. W. Eckard

13. Birthplace Unknown West Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Rebecca Vance

15. Birthplace Unknown West Virginia
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: Of operations _____

Of autopsy _____

16. (a) Informant Mrs. Almira Eckard

(b) Address Craig, Mo.

17. (a) Burial (b) Date thereof Nov. 23, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation J. O. O. F. Cemetery

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? _____

18. (a) Signature of funeral director Wilbur L. Schober

(b) Address Craig, Mo.

19. (a) 11-23-42 (b) Pauline Dawson
(Date received local registrar) (Registrar's signature)

While at work _____ (Specify type of place)

(e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____

Address Craig, Mo. Date signed 11/21/42

1185

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 *Wilber L. Schoeler*
Licensed Embalmer No. *3997*
P. O. Address *Craig, 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, fact should be so stated above.