

RECORDED SEP 13 1943

Registration District No. 755

Primary Registration District No. 5579

19
00

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

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution:
7 Miles North of Webb City
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 73 years
(Specify whether years, months or days)

In this community 73 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. Oronogo Route 1
(If rural, give location)

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

49

0

0

3. (a) PRINT FULL NAME Margaret Ann Eck

3. (b) If veteran, name war No

3. (c) Social Security No. none

4. Sex F.

5. Color or race W.

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

6. (b) Name of husband or wife widowed

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

7. Birth date of deceased December 8, 1861
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>8</u>	<u>1</u>hr.min.

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

10. Usual occupation Housewife

11. Industry or business home

12. Name Henry Eshleman

13. Birthplace no data Penn.
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Webbert

15. Birthplace no data Penn.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Plank (Neice)

(b) Address Oronogo, Mo. R.#1

17. (a) burial (b) Date thereof 8/12/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Weaver Cemetery

18. (a) Signature of funeral director Wedge Nelson

(b) Address Webb City, Missouri

19. (a) Aug. 12, 1943 (b) Mrs. J. L. Dudgeon
(Date received from registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 9,
year 1943 hour 6 minute P. M.

21. I hereby certify that I attended the deceased from Aug 6
Aug 9 1943, to Aug 9 1943
that I last saw her alive on Aug 9 1943, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial insufficiency

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

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 W. J. ... (M. D. or other) _____
HOCK CITY, MO. Date signed 8/10/43

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

928

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..... *W. M. Hedge*
Licensed Embalmer No. *73859*
P. O. Address. *W. M. Hedge*

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.