

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. 4147

FILED OCT 13 1943 149

Registration District No. _____

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kennett
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
10 months 320 Ashland
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 months
(Specify whether
In this community 10 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kennett
(If outside city or town limits, write "RURAL")
(d) Street No. 4118 Ashland Ave
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

George R. Eckels

3. (b) If veteran, name war _____

no

3. (c) Social Security No. _____

none

4. Sex Male

5. Color or race W

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

6. (b) Name of husband or wife Mary Alice

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

7. Birth date of deceased March 30 1863

(Month)

(Day)

(Year)

8. AGE:

Years 80

Months 5

Days 28

If less than one day

hr. _____ min. _____

9. Birthplace

Ill

(City, town, or county)

(State or foreign country)

10. Usual occupation

miner

11. Industry or business

retired

12. Name

Ellis Eckels

13. Birthplace

Ill

(State or foreign country)

14. Maiden name

Regret Mitchell

15. Birthplace

Ill

(State or foreign country)

16. (a) Informant

Mrs. Georgina Hall

(b) Address

4118 Ashland

17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof

8-30-43

(Month) (Day) (Year)

(c) Place: burial or cremation

Columbia Mo

18. (a) Signature of funeral director

Snow - Meyberg

(b) Address

2345 Lenwood

19. (a) 9-29-43

(Date received local registrar)

(b)

J. C. Brown

(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 28
year 1943 hour 12:35 minute P M.

21. I hereby certify that I attended the deceased from 12-6-42
to 9-28-43

that I last saw him alive on 9-27-43
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to arteriosclerosis

Due to 97

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

Duration

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? _____

While at work? _____

(Specify type of place)

(e) Means of injury _____

23. Signature J. C. Brown

(M. D. or other)

Address 2345 Lenwood

Date 9-29-43

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

MOTHER FATHER

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..... *Roy E Snow*.....
Licensed Embalmer No..... *2566*.....
P. O. Address..... *KC 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.