S. No. 2
M—2-43
FILED NOV 6 1943
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 34260

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 318

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

1. PLACE OF DEATH:
(a) County Butler
(b) City or town Poplar Bluff, Mo. Rt. 6 (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Lucy Lee Hospital 0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community 1 month, 29 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Butler 12
(c) City or town Poplar Bluff Rural (If outside city or town limits, write "RURAL") 0
(d) Street No. Route 6 (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country /

3. (a) PRINT FULL NAME Fred Allen Eckhardt
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White 0
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased August (Month) 18 (Day) 1943 (Year)

8. AGE: Years | Months 1 | Days 29 | If less than one day hr. min.

9. Birthplace Poplar Bluff, Mo. (City, town, or county) 0 (State or foreign country)
10. Usual occupation Infant
11. Industry or business
FATHER
12. Name Frank Lynn Eckhardt
13. Birthplace Springfield, Ill. (City, town, or county) / (State or foreign country)
MOTHER
14. Maiden name Cardine Ruth Grebe
15. Birthplace Peoria, Ill. (City, town, or county) / (State or foreign country)
16. (a) Informant Frank L. Eckhardt
(b) Address Poplar Bluff, Mo. Rt. 6
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 19-43 (Month) (Day) (Year)
(c) Place: burial or cremation Bay Springs Cemetery
18. (a) Signature of funeral director Greer Croy
(b) Address Poplar Bluff, Mo.
19. (a) 10/25/43 (Date received local registrar) (b) Bella Linne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 17
year 43 hour 6.30 minute P. M.
21. I hereby certify that I attended the deceased from Oct. 16 1943 to Oct 17 1943
that I last saw her alive on Oct. 17 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Marasmus	10 days
Due to Diarrhoea	5 days
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 119a	
Of autopsy	

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? (e) Means of injury
23. Signature F. L. Knubert (M. D. or other)
Address Poplar Bluff Mo Date signed 10/18/43

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 1143-1326
Date Filed 11-3-43

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. 3474

P. O. Address Poplar Bluff, 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.