

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

61
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**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

7698
Do not use this space.

1. PLACE OF DEATH

(a) County Macon Registration District No. 202
 (b) Township Easley Primary Registration District No. 75325732 Registered No. 3 61
 (c) City (d) Street No. 1 St. 61
 (If death occurred in Hospital or Institution, write its name instead of street and number),
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

FAY EITEL
 (a) Residence, No. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sylvester Eitel
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 22 - 1895
 7. AGE YEARS 48 MONTHS 1 DAYS 18 If LESS than 1 day, hrs. or min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as law mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macon Co. Mo.

FATHER 13. NAME Lafayette Boring

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cayton Co. Ohio

MOTHER 15. MAIDEN NAME Lubinda Higgins

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Knox Co. Mo.

17. INFORMANT (ADDRESS) Sylvester Eitel

18. BURIAL, CREMATION, OR REMOVAL PLACE Ball DATE Jan. 11 1948

19. FUNERAL DIRECTOR (ADDRESS) Coyte McCallum
Elmer, Mo.

20. FILED 2/6/48 1948 Minnie Freed
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 9 1948

22. I HEREBY CERTIFY That I attended deceased from Dec 1 1943 to Jan 9 1948
 I last saw her alive on 19..... Death is said to have occurred on the date stated above, at 3:10 A.M.

The principal cause of death and related causes of importance were as follows:
Carcinoma of stomach with multiple regional lymph node metastases.
 Date of onset 6-15-43

Other contributory causes of importance: H6 P

Name of operation Date of
 What test confirmed diagnosis? X-ray Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify

(Signed) Harold J. Loh M. D.
Elmer Mo.
 (Address)

RECEIVED

District Health Officer No. 10

District File Number 3-44-506

Date Filed MAR 8 1944

STATEMENT BY LICENSED EMBALMER

I, Clyde McCallum, Licensed Embalmer No. 3226

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Mc

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Clyde McCallum

Licensed Embalmer No. 3226

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.)