

FILED JUL 2 1944

State File No. _____

Registration District No. _____

Primary Registration District No. 4387

Registrar's No. 15-

1. PLACE OF DEATH:

(a) County Oregon
 (b) City or town Alton
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community 50 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Oregon 75
 (c) City or town Alton 0
 (If outside city or town limits, write "RURAL") 0
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____ 0

3. (a) PRINT FULL NAME Sarah Elizabeth Eckard

3. (b) If veteran, name war -- 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife John Henry Eckard 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Oct. 30 1860
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>6</u>	<u>13</u>	_____ hr. _____ min.

9. Birthplace Siloam Springs Ark.
 (City, town, or county) (State or foreign country)

10. Usual occupation Domestic

11. Industry or business _____

MOTHER FATHER

12. Name Charles Whitson
 13. Birthplace Unknown (City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Frank Eckard
 (b) Address Alton, Mo.

17. (a) Burial (b) Date thereof 5/13/44
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Smith Cem.
 18. (a) Signature of funeral director Res. Darr
 (b) Address Thayer, Mo.

19. (a) 6/20-44 (b) Thayer, Mo.
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13
 year 1944 hour 5 minute 45 P. M.

21. I hereby certify that I attended the deceased from April 1944 to May 15 1944
 that I last saw him alive on May 5 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration 1 year

Due to _____
 Due to _____

Other conditions (Includes pregnancy within 3 months of death)

Major findings: Of operations _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature W. Whitson (M. D. or other) _____
 Address Alton, Mo. Date signed 5/2/44

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

100-05

1112

Hotta

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.....

P. O. Address.....

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.