

FILED JAN 19 1945

Primary Registration District No. 4320

Registrar's No. 68

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Palmyra
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
824 N. Dickerson
(If not in hospital or institution, write street number or location) ✓
(d) Length of stay: In hospital or institution 44 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion
(c) City or town Palmyra
(If outside city or town limits, write "RURAL")
(d) Street No. 824 N. Dickerson
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Caroline Frances Eusterbrock

3. (b) If veteran, name war No

3. (c) Social Security No. No.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Infant
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive 31 years (Day) (Year)

7. Birth date of deceased October 31 1944
(Month) (Day) (Year)

8. AGE: Years 0 Months 1 Days 14 If less than one day hr. min.

9. Birthplace Palmyra Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business _____

12. Name William Eusterbrock

13. Birthplace old Monroe Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Hilda Bols

15. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant William Eusterbrock

(b) Address Palmyra Missouri

17. (a) Burial (b) Date thereof 12/16/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Catholic Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address Palmyra, Missouri

19. (a) 12/15/44 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December 15
year 1944 hour 2 minute 45 A. M.

21. I hereby certify that I attended the deceased from December 13, 1944, to Dec. 15, 1944
that I last saw her alive on December 15, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death:
Choking due to a collection of mucus in throat
Due to a cold which settled in gasps subglottal
Due to heart

Duration
Dec 13-15 1944

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

Major findings:
Of operations 1956 19

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(c) 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 [Signature] (M. D. or other) M.D.
Address Palmyra, Mo. Date signed 12/16/44

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

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2
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1911 03A

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.....

Not embalmed

....., Registered Apprentice No.

working under my personal supervision.

Signed..... *W. B. Lewis*

Licensed Embalmer No. *2382*

P. O. Address..... *See reverse No.*

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.