

7. S. No. 2
FORM-5-43
Rev. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 9 1945
Registration District No. 366

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10885
Registrar's No. 11

Primary Registration District No. 6244

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

1. PLACE OF DEATH:
(a) County Washington
(b) City or town Quincy, Mo.
(c) Name of hospital or institution Near Cadet mo. 1
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Washington
(c) City or town Cadet (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Jackie E Eckhoff
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb day 23 year 1945 hour 10 minute P.M.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Nov 11 1944 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 21 1945 to Feb 23 1945 that I last saw her alive on Feb 23 1945 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
5 14 _____ hr. min.

Immediate cause of death Pneumonia following Flu
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____

9. Birthplace Cadet Mo (City, town, or county) (State or foreign country)
10. Usual occupation _____

Major findings: Of operations 331
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____
12. Name John Eckhoff
13. Birthplace Cadet Mo (City, town, or county) (State or foreign country)
14. Maiden name Marie Emily
15. Birthplace Richwoods Mo (City, town, or county) (State or foreign country)

16. (a) Informant John Eckhoff
(b) Address Cadet Mo

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 25 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Staff Cemetery

(c) Means of injury _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

18. (a) Signature of funeral director John Eckhoff
(b) Address _____
19. (a) 2/25-45 (Date received local registrar) (b) John Eckhoff (Registrar's signature)

23. Signature John Eckhoff (M. D. or other) Address Cadet Mo District _____

866

RECEIVED

District Health Office No. 4

445-44

4-7-45

Not Embalmed

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.