S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED NOV 16 1945

State File No. 38079

Registration District No. 281 Primary Registration District No. 3048 Registrar's No. 149

1. PLACE OF DEATH:

(a) County Nodaway
(b) City or town Maryville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 week (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Nodaway 74
(c) City or town Parnell 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Frank J. Echterling
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Carrie
6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased November (Month) 13 (Day), 1885 (Year)

8. AGE:	Years	Months	Days	If less than one day
	59	11	18	hr. min.

9. Birthplace Parnell (City, town, or county) Mo (State or foreign country)
10. Usual occupation farmer
11. Industry or business
FATHER
12. Name Anton Echterling
13. Birthplace Germany (City, town, or county) (State or foreign country) 4
MOTHER
14. Maiden name Elizabeth Berg
15. Birthplace Crownpoint (City, town, or county) Indiana (State or foreign country)
16. (a) Informant Eugene Echterling
(b) Address Parnell, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-3-1945 (Month) (Day) (Year)
(c) Place: burial or cremation Parnell, Mo
18. (a) Signature of funeral director Jack C. Duffee
(b) Address Grant City Mo.
19. (a) Oct 11 1945 (Date received local registrar) (b) Bess Hold (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 1 year 1945 hour 12 minute noon M.
21. I hereby certify that I attended the deceased from Sept 28, 1945 to October 1, 1945 that I last saw him alive on Oct 1, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Paralysis agitans	10 yrs
Due to	
Due to	
Other conditions (Include 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? (Specify type of place)
While at work? (e) Means of injury
23. Signature R. C. Ferguson (M. D. or other)
Address Maryville Mo Date signed 10/4/45

N 48

(Licensed Embalmer's Statement on Reverse Side)

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.....Jack C. Dunfee

Licensed Embalmer No.....3252

P. O. Address.....Grant City, 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.