

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16948

FILED MAY 23 1946

Registration District No. 148 Primary Registration District No. 4238 Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town BUCKNER
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
at her own home in Buckner
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution all her life (91 yr) Specify whether
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County JACKSON

(c) City or town Buckner
(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)
If yes, name country X

3. (a) PRINT FULL NAME Susan H. ECKLES

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

4. Sex Fe / 5. Color or race wh

6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband of ~~deceased~~ Alexander Eckles 6. (c) Age of husband or wife if alive X years 19
Feb. 19 1854
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 16
year 1946 hour 7 minute 30 PM M.

21. I hereby certify that I attended the deceased from Jan 11th
1946, to Jan. 16 46;
that I last saw her alive on Jan. 14 46;
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>91</u>	<u>10</u>	<u>27</u>	hr. min.

Immediate cause of death Central Hemorrhage Duration

Due to Apoplexy

Due to X

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

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

10. Usual occupation housewife duties

Major findings: none (No operation)

Of operations none (no autopsy)

Of autopsy none (no autopsy)

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

11. Industry or business her home

12. Name C.C. Hamilton.

13. Birthplace X Ky
(City, town, or county) (State or foreign country)

14. Maiden name Amanda W. Thompson
(City, town, or county) (State or foreign country)

15. Birthplace X Ky
(City, town, or county) (State or foreign country)

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

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence X

(c) Where did injury occur? X
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
X

16. (a) Informant Maud Hamilton VanDyke
(b) Address Buckner Mo.

17. (a) burial (b) Date thereof 2-19/1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Buckner, Mo.

18. (a) Signature of funeral director D.M. Reppert
(b) Address Buckner Mo.

19. (a) Jan. 17/46 (b) D.M. Reppert
(Date received local registrar) (Registrar's signature)

23. Signature J.W. Robertson (M. D. or other) X
Address Buckner, Mo. Date signed Jan 17/46

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

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 _____

PERSONALLY

Registered Apprentice No. _____

~~working under my personal supervision.~~

Signed *V. M. Reppert*

Licensed Embalmer No. *2321*

P. O. Address *BUCKNER*

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.