S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17739

FILED MAY 27 1946

Registration District No. 291 Primary Registration District No. 5994 Registrar's No. 27

1. PLACE OF DEATH:

(a) County Putnam

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

(c) Name of hospital or institution: Richland /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Putnam 86

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. Richland Township 0
(If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Neta Kathryn Eckles

3. (b) If veteran, name war ##

3. (c) Social Security No. ##

4. Sex F /

5. Color or race W

6. (a) Single, widowed, married, divorced ## 0

6. (b) Name of husband or wife .....

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased March (Month) 5th. (Day) 1946 (Year)

8. AGE: Years | Months 1 | Days 4 | If less than one day ..... hr. ..... min.

9. Birthplace Putnam County Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation .....

11. Industry or business .....

FATHER
12. Name Harrison Eckles 0
13. Birthplace Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Guffey
15. Birthplace Mo. (City, town, or county) 0 (State or foreign country)

16. (a) Informant .....
(b) Address Unionville Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 4-10-1946 (Month) (Day) (Year)
(c) Place: burial or cremation Unionville Cem

18. (a) Signature of funeral director Husted & Son
(b) Address Unionville Mo.

19. (a) 4-15-46 (Date received local registrar) (b) Marvell Durbin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9th year 1946 hour 1015 minute a M.

21. I hereby certify that I attended the deceased from April 7 1946 to April 9 1946 that I last saw her alive on April 9 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Lobar Pneumonia & Pertussis	2 weeks
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy 9

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 Chas Loudd (M. D. or other) DO

Address Unionville Mo Date signed 4-15-46

266

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 5-46-942
Date Filed MAY 23 1946

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 F. O. Hunsted

Licensed Embalmer No. 2975

P. O. Address Unionville 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.