

19282

State File No. \_\_\_\_\_

**FILED** JUN 11 1946  
 District No. 237

Primary Registration District No. 6219

Registrar's No. 81

1. PLACE OF DEATH:  
 (a) County Vermon.  
 (b) City or town Rural (Hayward)  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
S. J. Nevada 1  
 (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) 6 mos.

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Mo. (b) County Vermon  
 (c) City or town Rural  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. S. J. Nevada  
 (If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME James Robert Exline  
 3. (b) If veteran no name was \_\_\_\_\_  
 3. (c) Social Security No. 715-07-4561

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month May day 6 year 46 hour 8 minute 5 P.M.  
 21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_  
 that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_  
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased June 20, 1908  
 (Month) (Day) (Year)

Immediate cause of death Skull fracture  
 Due to acute alcoholism for 3 wks.  
 Due to Fall down Stair way

8. AGE: Years Months Days If less than one day  
37 10 16 hr. \_\_\_\_\_ min.

Other conditions (Include pregnancy within 3 months of death)  
 Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy no

9. Birthplace Enid, Okla  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation labour

Physician \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_  
 MOTHER FATHER { 12. Name B. S. Exline  
 13. Birthplace Unknown - Calif.  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Mrs. Edmond  
 15. Birthplace Kans.  
 (City, town, or county) (State or foreign country)

16. (a) Informant John R. Exline  
 (b) Address Nevada, Mo  
 17. (a) burial (Burial, cremation, or removal) (b) Date thereof 5-10-46  
 (Month) (Day) (Year)  
 (c) Place: burial or cremation Deepwood Cem.  
 18. (a) Signature of funeral director Eichinger Funeral Home  
 (b) Address Nevada, Mo  
 19. (a) May 12, 1946 (Date received local registrar) (b) Ruth Faith (Registrar's signature)

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) accident  
 (b) Date of occurrence May 6 - 1946  
 (c) Where did injury occur? Vermon Co Mo  
 (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
in home on farm  
 (Specify type of place) (e) Means of injury Fall  
 23. Signature Marsh Eichinger (M. D. or other) \_\_\_\_\_  
 Address Nevada, Mo. Date signed May 6, 1946

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

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**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..... *Mark Eichinger* .....  
Licensed Embalmer No..... *2656* .....  
P. O. Address..... *Nevada, 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.**