S. No. 2
M—5-43
. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 15 1947

Registration District No. 78

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3002

State File No. 12361

Registrar's No. 75

1. PLACE OF DEATH:

(a) County: Audrain Co.

(b) City or town: Mexico, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 0
Audrain.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community: 7½ Weeks.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri. (b) County: Montgomery. 70

(c) City or town: Americus, Mo. 0
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? yes (Yes or No)
If yes, name country: Germany.

3. (a) PRINT FULL NAME: Frank Joseph Eikel.

3. (b) If veteran, name war: XX

3. (c) Social Security No. XX

4. Sex: M 0

5. Color or race: W

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Elizabeth Eikel,

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

7. Birth date of deceased: Nov (Month) Ist (Day) 1870 (Year)

8. AGE: Years	Months	Days	If less than one day
76	6	5	hr. min.

9. Birthplace: Mastholte, (City, town, or county) Germany. 4 (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business:

FATHER
12. Name: Joseph Eikel,
13. Birthplace: Unknown, (City, town, or county) Germany. 7 (State or foreign country)

MOTHER
14. Maiden name: Anna Kappel,
15. Birthplace: Unknown, (City, town, or county) Germany. 4 (State or foreign country)

16. (a) Informant: Ben H Eikel
(b) Address: Bluffton, Mo. RFD -

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 8th, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Starkenberg, Mo.

18. (a) Signature of funeral director: Barton Baker
(b) Address: Americus, Mo.

19. (a) 5/8/47 (Date received local registrar) (b) Blanche Neely (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5 year 1947 hour 1 minute 35 A.M.

21. I hereby certify that I attended the deceased from 3-17-, 1947, to 5-5-, 1947, that I last saw him alive on 5-4-, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cardio nephritis	
Prostatic	
Due to: Hypertension	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 31A
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: 0

23. Signature: Frank Neely (M. D. or other) MD
Address: Mexico Date signed: 5-6-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 5-47-838
Date Filed MAY 14 1947

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 D.B.Baker, Registered Apprentice No.....,

working under my personal supervision.

Signed D B Baker

Licensed Embalmer No. 3375

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.