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FILED NOV 28 1947

State File No. _____

Registration District No. 281

Primary Registration District No. 1868

Registrar's No. 203

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

1. PLACE OF DEATH:

(a) County Nodaway
(b) City or town Graham, Mo. "Hughes"
(c) Name of hospital or institution:
1 1/4 Miles Northeast
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 weeks
In this community 26 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway 74
(c) City or town Graham "Rural"
(If outside city or town limits, write "RURAL")
(d) Street No. 1 1/4 Miles Northeast
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country None

3. (a) PRINT FULL NAME JACOB GROVES ECKLES

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 Eva Elvina Eckles 6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased April 30, 1876
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>6</u>	<u>13</u>	<u>*****</u> hr. min.

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

10. Usual occupation Farmer

11. Industry or business None

MOTHER FATHER

12. Name Samuel H. Eckles

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

14. Maiden name Martina Elizabeth Witt

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

16. (a) Informant Eva Elvina Eckles

(b) Address Graham, Missouri

17. (a) Burial (b) Date thereof 11-16-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Graham Cemetery

18. (a) Signature of funeral director Price Funeral Home
(b) Address 120 East 1st, Maryville, Mo.

19. (a) Nov. 18, 1947 (b) Bea Hall
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 13th,
year 1947 hour 6 minute 50 P.M.

21. I hereby certify that I attended the deceased from October 30,
1947 to November 13, 1947
that I last saw him alive on October 31, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure Duration 15 minutes

Due to Coronary heart disease

Due to arteriosclerosis

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy aut

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury 2

23. Signature W. R. Pitcomb (M.D. or other) D.O.

Address Wrightland, Mo. Date signed 11-15-47

DISTRICT HEALTH OFFICE
Cameron, Mo.

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.....

John W Price

Licensed Embalmer No. *4281*

P. O. Address. *Maryville 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.