

FILED FEB 20 1948, 49

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

4811

591

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Jackson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
503 East 61st Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 6 months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Jackson City
(If outside city or town limits, write "RURAL")
(d) Street No. 503 East 61st St.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MRS MARY LOUISE ECKERD
3. (b) If veteran, name war NO
3. (c) Social Security No. NO

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 10
year 1948 hour 7 minute 250x

4. Sex FEMALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife CHARLES ECKERD
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased DECEMBER
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 30, 1948, to Feb 10, 1948
and that death occurred on the date and hour stated above.
that I last saw her alive on Feb 10, 1948
Immediate cause of death arterio-sclerotic heart disease with myocardial infarction Duration _____
Myocardial infarction
Myocardial infarction

8. AGE: Years 84 Months _____ Days _____ If less than one day hr. _____ min. _____

Due to _____
Due to _____

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

10. Usual occupation HOUSEWIFE

11. Industry or business AT HOME

12. Name W. T. STEVENSON

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

14. Maiden name SARAH ANN CAVANAH

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

16. (a) Informant Miss L. E. Parky

(b) Address 503 East 61st St.

17. (a) Removal (b) Date thereof 2-10-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MANCHESTER, OKLA.

18. (a) Signature of funeral director W. J. Murkowski

(b) Address 1401 Brush Creek Blvd. K.C. Mo.

19. (a) 2-10-48 (b) Eraldine Holmes
(Date received local registrar) (Registrar's signature)

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

Major findings: _____

Of operations _____

Of autopsy _____

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 _____

23. Signature Robert W. Parker (M. D. or other) MD

Address 306 E 12 Date signed Feb 10, 48

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

MOTHER FATHER

Dr. [unclear]
George Bell

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 *Bernard L. Horan*.....

Licensed Embalmer No. *4250*.....

P. O. Address *W C 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.