

FILED MAR 18 1948

Registration District No. \_\_\_\_\_

Primary Registration District No. 5053

Registrar's No. 2100

1. PLACE OF DEATH:

(a) County Barry  
(b) City or town "Rural" Capps Creek  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
R. R. #1 Pierce City, Mo.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 65 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Barry  
(c) City or town "Rural" Capps Creek  
(If outside city or town limits, write "RURAL")  
(d) Street No. RR #1 Pierce City, Mo.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Joseph Eiskina

3. (b) If veteran, \_\_\_\_\_ 3. (c) Social Security  
name war. \_\_\_\_\_ No. \_\_\_\_\_

4. Sex M 5. Color or race W 6. (a) Single, widowed, married,  
divorced Widowed

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years

7. Birth date of deceased Dec. 5 1865  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
82 2 17 hr. min.

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name John Eiskina

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

14. Maiden name Unknown

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

16. (a) Informant John Eiskina

(b) Address Pierce City, Mo.

17. (a) burial (b) Date thereof Feb. 25 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter's and Paul Cemetery

18. (a) Signature of funeral director William J. Russell

(b) Address Pierce City, Mo.

19. (a) 3-1-48 (b) W. M. West  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

23. DATE OF DEATH: Month Feb day 22  
year 1948 hour 12 minute 10 P. M.

21. I hereby certify that I attended the deceased from Feb 8  
1948 to Feb 22 1948  
that I last saw him alive on Feb 21 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage  
Duration 20 hrs.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations § 37

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?

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature J. Y. Edwards (M. D. or other) MD  
Address Pierce City, Mo. Date signed Feb 25 1948

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6;

District File Number 348-290

Date Filed MAR 16 1948

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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 Gordon Bennett

Licensed Embalmer No. 4213

P. O. Address Monett, 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.