

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9746**

FILED MAR 26 1948

Registration District No. **279**

Primary Registration District No. **5957**

Registrar's No. **11**

1. PLACE OF DEATH:

(a) County **Pike**

(b) City or town **Eolia**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution **Eolia 1**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **no** (Specify whether)

In this community **10 months** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Pike** **82**

(c) City or town **Rural Eolia** **0**
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? **no** (Yes or No) **0**

If yes, name country _____

3. (a) PRINT FULL NAME **Morandam Eicklerman**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **no**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **5**
year **1948** hour **10** minute **55 A.M.**

21. I hereby certify that I attended the deceased from **3/1** 19**48**, to **3/5** 19**48**.
that I last saw h. **en** alive on **3/3** 19**48**,
and that death occurred on the date and hour stated above.

4. Sex **Female**

5. Color or race **white**

6. (a) Single, widowed, married, divorced **Widow**

6. (b) Name of husband or wife _____

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

7. Birth date of deceased **Dec. 15 1866**
(Month) (Day) (Year)

Immediate cause of death **Cerebral hemorrhage** **4 days**

Due to **Arterio-Sclerosis**

Due to _____

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

Major findings: Of operations **g3P**

Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

8. AGE:

Years	Months	Days	If less than one day
81	3	21	hr. _____ min.

9. Birthplace **New Hartford Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **House wife**

11. Industry or business **House keeping**

12. Name **John E. Clifton**

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

14. Maiden name **Mary J. Moore**

15. Birthplace **New Hartford Mo**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. James Graham**

(b) Address **Eolia Mo**

17. (a) **Burial** (b) Date thereof **Mar 7 - 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Eolia Baptist Cemetery**

18. (a) Signature of funeral director **Norman E. Koach**

(b) Address **Eolia Mo**

19. (a) **Mar. 6 - 1948** (b) **N. E. Koach** Driftly
(Date received local registrar) (Registrar's signature)

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 **0**

23. Signature **J. B. Kroger** (M. D. or other) **M.D.**
Address **76 N. Highside Mo** Date signed **3/5-48**

(Licensed Embalmer's Statement on Reverse Side)

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

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 Norman E. Gooch
Licensed Embalmer No. 2342
P. O. Address Edia 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.