

FILED NOV 4 1948

Registration District No. _____

Primary Registration District No. **3002**

1. PLACE OF DEATH:

(a) County **Audrain**
Mexico
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
915 West Monroe /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **26 years** (Specify whether years, months or days)
In this community _____

3. (a) PRINT FULL NAME **Theodore Eckert**
3. (b) If veteran, **none** name war _____
3. (c) Social Security No. **none**

4. Sex **male** / 5. Color or race **white**
6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Elsie Eckert**
6. (c) Age of husband or wife if alive **67** years
7. Birth date of deceased: **November 23 1870**
(Month) (Day) (Year)

8. AGE: Years **77** Months **11** Days **0**
If less than one day hr. _____ min. _____

9. Birthplace: **Jasper Indiana**
(City, town, or county) (State or foreign country)

10. Usual occupation **retired**

11. Industry or business _____

MOTHER FATHER { 12. Name **Conrad Eckert**
13. Birthplace **Germany** / (City, town, or county) (State or foreign country)
14. Maiden name **Elizabeth O'Brien**
15. Birthplace **Germany** / (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Theodore Eckert**
(b) Address **Mexico, Mo.**

17. (a) **burial** (b) Date thereof **Oct. 25-48**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Elmwood Cemetery**

18. (a) Signature of funeral director **Paul F. Pauls**
(b) Address **Mexico, Mo.**

19. (a) **10/23/48** (b) **Blanche Neely**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Audrain** /
Mexico /
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. **915 West Monroe** /
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **23**
year **1948** hour **3** minute _____ P. M.

21. I hereby certify that I attended the deceased from **6/22/45**, 19____, to **10/20/48**, 19____;

that I last saw him alive on **10/20/48**, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis**
Duration _____

Due to **Endocarditis**

Due to **Hypertension**

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

Major findings: _____
Of operations _____
Of autopsy **92E**

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) _____
Means of injury **U**

23. Signature **Frank J. Jolley** (M. D. or other) **M. D.**
Address **Mexico, Mo.** Date signed **10/25/48**

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

NOV 23 1948

RECEIVED

District Health Officer No. 10

District File Number 11-48-1871

Date Filed NOV 3 - 1948

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.....

Ralph L. Preston Jr.

Registered Apprentice No. 234

working under my personal supervision.

Signed

Earl J. Pratt

Licensed Embalmer No. 3189

P. O. Address Mexico, 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.