

FILED APR 16 1945

Registration District No. 2347

Primary Registration District No. 5796

Registrar's No. 239

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

1. PLACE OF DEATH:

(a) County Monteau

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

(c) Name of hospital or institution:
3 mi. east of town Walker 7/2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 60 yrs. (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Monteau

(c) City or town rural California
(If outside city or town limits, write "RURAL")

(d) Street No. 3 mi. east of town 68
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME MARIA EICHER

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8 year 1945 hour 9 minute 15A M.

21. I hereby certify that I attended the deceased from May 2 1945 to April 18 1945

that I last saw her alive on April 7 1945 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, single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years (Day) (Year)

7. Birth date of deceased July 11 1865
(Month) (Day) (Year)

Immediate cause of death Coronary thrombosis Duration _____

8. AGE: Years 79 Months 8 Days 27 If less than one day _____ hr. _____ min.

Due to _____

Due to _____

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

Major findings: Of operations 94w

Of autopsy _____

9. Birthplace Canton Tenn Switzerland
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

12. Name Fredrick Eicher

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

14. Maiden name Maria Pulten

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. W. E. Grainer

(b) Address Zonapah Nevada

17. (a) burial (b) Date thereof 4-10-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Evangelical Cemetery

18. (a) Signature of funeral director A. E. Wilson

(b) Address California Mo

19. (a) 5-14-45 (b) R. J. P. P. P.
(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 _____

23. Signature D. J. Davis (M. D. or other) _____

Address California Mo Date signed 4/10/45

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..... *A. E. Wilson*.....

Licensed Embalmer No. *2351*.....

P.O. Address..... *California, Me*.....

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.

MAY 2 1945