

FILED JUL 9 1947

Registration District No. 224

Primary Registration District No. 5046

Registrar's No. 43

1. PLACE OF DEATH:

(a) County Moniteau  
(b) City or town California  
(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

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

In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME HENRIETTA K. ECKERLE

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Louis Eckerle 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased April 5 1875  
(Month) (Day) (Year)

8. AGE: Years 72 Months 2 Days 16 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Moniteau Co. Mo. (U)  
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business

12. Name John P. Fischer 4

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

14. Maiden name Margaret Elizabeth Weingarten

15. Birthplace Moniteau Co. Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant L. P. Eckerle

(b) Address California Missouri

17. (a) burial (b) Date thereof 6-23-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Catholic Cem. California

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

(b) Address California Missouri

19. (a) 6-23-47 (b) H. K. Popelny  
(Date received local registrar) (Registrar's name)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Moniteau 68

(c) City or town California 1  
(If outside city or town limits, write "RURAL") 0

(d) Street No. \_\_\_\_\_ (If rural, give location)

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

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21st,  
year 1947 hour 2:00 am minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from July 18,  
1946, to June 21, 1947

that I last saw her (alive) on June 20, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Intercalicular hemorrhage  
Duration \_\_\_\_\_

Due to Carcinoma sigmoid  
plavus

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

Other conditions 46E  
(Include pregnancy within 3 months of death)

Major findings: Schist. 1947 - Coccyx  
done and growth imperfect  
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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury 0

23. Signature J. P. Benke (M. D. or other) \_\_\_\_\_

Address California, Ill. Date signed 6-21-47

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

MOTHER FATHER

RECEIVED  
District Health Officer No. 8,  
District File Number .....  
Date Filed 7/8/47

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, 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.