

201 (1-25M)-10-44

1. Place of Death

(a) County Fibb (b) State Georgia

(c) City or Town Macon, Georgia (d) State Georgia

(e) Home of Decedent or Institution 616 Cherry St. (f) City or Town Macon, Georgia

(g) Length of Stay Before Death: 18 Days (h) In This Community Yes

2. Full Name Henry Eibel

(i) Foreign Country? Yes (j) Name of Country Germany

(k) Veteran Home War No (l) Social Security Number

PERSONAL AND STATISTICAL PARTICULARS

3. Sex Male 4. Race Cauc. 5. Marital W. 6. (M) D.

7. Give Name of Spouse Claire Whitaire

8. Age 51 9. Months 18 10. Days 6 11. Less than 24 hrs. No

12. Date of Birth 12 Mo. 6 Day 93 13. Birth Place New York City

14. Usual Occupation Recreation Center

15. Industry or Business

16. Name Henry Eibel 17. Birthplace Germany

18. Maiden Name Don't Know 19. Birth Place Don't Know

MEDICAL CERTIFICATION

20. Date of Death October 16th 21. Time 10:30 AM

22. I hereby certify that I attended the decedent who died on the above date. I last saw Alive

23. Primary Cause of Death Gun Shot
Wound in head

24. I hereby certify that I attended the decedent who died on the above date. I last saw Alive

25. If death was due to external violence please answer the following questions:

(a) Residence, Outside Suicide (b) Date of Occurrence 10/16/45

(c) Place of Accident Macon (d) Industry, Public Place Public Pl

(e) Means of Injury Gun Shot (f) While at Work No

Physician's Name L H Chapman Date Signed 10-16-45

Registrar's Name R. Frank Carr F. O. Address 710 Pine St

26. Ours Signature Claire Whitaire Eibel

27. Interments P. O. Address Macon, Georgia

28. Burial, Cremation or Removal removal (a) Date 10-16, 1945

29. P. O. Address of Place of Burial Atlanta, Georgia

30. Signature of Person Burying Body Hart's Mortuary

31. P. O. Address of Undertaker Macon, Ga Date Paid with L.R. 10-22-45

32. Registrar's Ours Signature R. Frank Carr

Please answer carefully all questions in order receiving questions for omitted information. Please give age, occupation and Social Security No. to assist in setting S. S. status.

Please Note

This copy will darken when exposed to excessive heat or light.

This is to certify that this is a true and correct copy of the certificate filed with the Vital Records Service, Georgia Department of Human Resources. This certified copy is issued under the authority of Chapter 31-10, Vital Records, Code of Georgia.

Michael R. Lawrie
State Vital Records
Registrar and Custodian
Director, Vital Records
Service

Issued by L. Moore
Date Issued 2-7-83
(Void without original signature and impressed seal)