

Hill, Effie Eckler Humphrey Rees 1878 - 1952

Kentucky Post - February 11, 1952

**HILL**—Effie Eckler, beloved mother of Mrs. Cora Carter and Mrs. Dorothy Doyle, and grandmother of John Carter Jr., Billy J. and Carol R. Black, at her residence, 445 E. 45th st., Covington, Sunday, February 10, 1952, aged 73 years. Services at the Allison & Rose Funeral Home, Robbins-st. and Madison av., Covington, Wednesday, February 13, at 2 p.m. Interment Highland Cemetery. Friends may call Tuesday from 3 until 10 p.m.

Form T-814 FEDERAL SECURITY AGENCY U. S. PUBLIC HEALTH SERVICE NATIONAL OFFICE VITAL STATISTICS		COMMONWEALTH OF KENTUCKY Department of Health BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		52 FILE NO. 116 2197 168 REGISTRAR'S NO. 2290
Registration District No. 790 Y		Primary Registration District No. 2290		
1. PLACE OF DEATH a. COUNTY <u>Kenton</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Covington</u> c. LENGTH OF STAY (in this place) <u>2</u> d. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION) <u>445 E. 45th St.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Kentucky</u> b. COUNTY <u>Kenton</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Covington</u> d. STREET ADDRESS (If rural, give location) <u>445 E. 45th Street</u>		
3. NAME OF DECEASED a. (First) <u>Effie</u> b. (Middle) <u>Eckler</u> c. (Last) <u>Hill</u> (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year) <u>2-10-52</u>		
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>14 April 1878</u>	9. AGE (in years last birthday) <u>73</u> Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work if not gainfully employed or working life, even if housewife) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>home</u>	11. BIRTHPLACE (State or foreign country) <u>Cythianna, Ky.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>Jack Eckler</u>		14. MOTHER'S MAIDEN NAME <u>Elizabeth Sellers</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give date of service) <u>xxx</u>		16. SOCIAL SECURITY NO. <u>xxx</u>		
17. INFORMANT <u>Mrs Cora Carter- dau-</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer parotid gland (left)</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH <u>6-7 months</u>		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>1421-044-14</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____		
22. I hereby certify that I attended the deceased from <u>Oct 1947</u> to <u>Feb 10, 1952</u> ; that I last saw the deceased alive on <u>Feb 10, 1952</u> ; and that death occurred at <u>10:55 a.m.</u> from the causes and on the date stated above.				
23a. DATE SIGNED <u>2-12-52</u>	23b. ADDRESS <u>3712 Park Ave Covington Ky</u>	23c. SIGNATURE <u>E. L. Smith M.D.</u> (Degree or title)		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>2-13-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Highland</u>	24d. LOCATION (City, town, or county) (State) <u>So. Ft. Mitchell, Ky.</u>	
25a. DATE REC'D BY LOCAL REG. <u>FEB 15 1952</u>	25b. REGISTRAR'S SIGNATURE <u>Marion Dean</u>	26. FUNERAL DIRECTOR <u>Allison &amp; Rose, Covington, Ky.</u>		

Last printed 11/24/2010 3:35 PM