N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

41061
Do not use this space.

1. PLACE OF DEATH
(a) County Vernon 2 Registration District No. 874
(b) Township Moundville 1 Primary Registration District No. 6151B- Registered No.
or
(c) City (d) Street No. Nevada, Mo. R.F.D. #3 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John Willis Eads (Still Borned)
(a) Residence, No. Nevada, Mo RFD #3 St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept-30-1939
7. AGE YEARS Still MONTHS Borned DAYS If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nevada Mo 0

FATHER
13. NAME Orvil Eads 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mico Mo 0

MOTHER
15. MAIDEN NAME Gernia Thorbon
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known Conoll Co Mo

17. INFORMANT (ADDRESS) Orvil Eads. Nevada Mo
18. BURIAL, CREMATION, OR REMOVAL Moore Cemet DATE Oct-1-1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Tony Funeral Home Nevada Mo
20. FILED Dec 14 1939 Mrs. N. B. Prinn Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept-30-1939
22. I HEREBY CERTIFY, That I attended deceased from Sept 30, 1939, to Sept 30, 1939
I last saw h... alive on Stillborn 19.... Death is said to have occurred on the date stated above, at 12:10 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Stillborn	Sept 30 1939
No cause known	

Other contributory causes of importance:
None

Name of operation None Date of ✓
What test confirmed diagnosis? Exam Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ✓
(Signed) W. Love, M. D.
(Address) Nevada, Mo

706 (Licensed Embalmer's Statement on Reverse Side)

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~~ Personal

....., Registered Apprentice No.....

working under my personal supervision.

Signed Lloyd R. Wincott

Licensed Embalmer No. 3857

P. O. Address Nevada, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.