

FILED APR 18 1940

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

11008
Do not use this space.

1. PLACE OF DEATH
 (a) County Greene Registration District No. 318
 (b) Township Springfield Primary Registration District No. 2901 Registered No. 307
 (c) City Springfield (d) Street No. Youngsford Baptist Hospital 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 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William Robert Eidson
 (a) Residence, No. 325 St. Maple Creek, Mo.
 (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) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bertha Eidson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 20 1894

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>45</u>	<u>0</u>	<u>0</u>	<u>7</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as saw mill, bank, etc. Merchant

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Candlen Co (STATE OR COUNTRY) Missouri

FATHER

13. NAME George T. Eidson

14. BIRTHPLACE (CITY OR TOWN) Candlen Co (STATE OR COUNTRY) Missouri

MOTHER

15. MAIDEN NAME May C. Campbell

16. BIRTHPLACE (CITY OR TOWN) Candlen Co (STATE OR COUNTRY) Missouri

17. INFORMANT Bertha Eidson (ADDRESS) Maple Creek Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Parson's Home DATE 3-29-40

19. FUNERAL DIRECTOR (NAME) L. B. Jones (ADDRESS) Buffalo Mo 290

20. FILED 3/29/1940 Chas. H. George Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-27-1940

22. I HEREBY CERTIFY, That I attended deceased from March 27 1940 to March 27 1940
 I last saw him alive on March 27 1940. Death is said to have occurred on the date stated above, at 9:50 a.m.
 The principal cause of death and related causes of importance were as follows:
Myocardia
chronic nephritis
 Other contributory causes of importance: 121

Name of operation None Date of _____
 What test confirmed diagnosis? clinical Was there an autopsy? No

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 of injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) James E. Dewey _____, M. D.
 (Address) Springfield Mo

(Licensed Embalmer's Signature on Reverse Side)

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD
U.S. NO. 2 5010-9-19-38 I X10603

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.

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.