

Registration District No. 737

Primary Registration District No. 5972

Registrar's No. _____

1. PLACE OF DEATH:
(a) County Randolph Missouri
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location) 2
(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days) 250
8. (a) PRINT FULL NAME NANCY ESTELLO EAGAN
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Fe 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Andrew Eagan 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept 26 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 6 13 hr. min.

9. Birthplace Randolph Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Domestic

MOTHER FATHER
12. Name Jessie Dry
13. Birthplace Morris Court
(City, town, or county) (State or foreign country)
14. Maiden name Julietta Sears
15. Birthplace Randolph
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Myrtle Turner
(b) Address Clifton Hill, Mo

17. (a) Burial (b) Date thereof Apr. 11, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Old Brainin Hill

18. (a) Signature of funeral director Tom B. Patton
(b) Address Huntersville Mo

19. (a) June 4 - 1940 (b) Mar. D. A. Barnhart
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Randolph
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 9
year 1940 hour 9 minute 0 M.
21. I hereby certify that I attended the deceased from _____, 1939, to April 3, 1940
that I last saw her alive on April 18, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Stomach Duration _____

Due to _____
Due to 4/2

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
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? Yes

(Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature W. E. Alexander (M. D. or other) _____
Address Clifton Hill Mo Date signed April 22

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.

RECEIVED

District Health Officer No: 10

District File Number 6-40-1134

Date Filed JUN 7 1940

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.....

Paul T. Patton

Licensed Embalmer No.....

4095

P. O. Address.....

Huntsville, 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, above space should be left blank.