

Registration District No. 840

Primary Registration District No. 6102

Registrar's No. 17

1. PLACE OF DEATH:

(a) County Stoddard
(b) City or town Rural Duck Creek (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)
(d) Length of stay: In hospital or institution 7 (Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Stoddard
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. 3 mi North 2 mi west of Dudley (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Unmarried 250

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex boy 5. Color or race white 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years (Day) (Year)

7. Birth date of deceased June (Month) 1940 (Day) (Year)
8. AGE: Years _____ Months _____ Days _____ If less than one day hr. 10 min.

9. Birthplace Dudley (City, town, or county) Mo-R-1 (State or foreign country)

10. Usual occupation house

11. Industry or business _____

MOTHER FATHER { 12. Name Lloyd Marvin Egan

13. Birthplace Phonia (City, town, or county) Mo (State or foreign country)

14. Maiden name Genevieve Marie Egan

15. Birthplace Malden (City, town, or county) Mo (State or foreign country)

16. (a) Informant's own signature Marvin Egan

(b) Address _____

17. (a) _____ (b) Date thereof 6-8-1940 (Month) (Day) (Year)

(c) Place: burial or cremation Lester King

18. (a) Signature of funeral director _____ (b) Address Dudley Mo

19. (a) 6-8-1940 (Date received local registrar) (b) Demarin Dept (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7 year 1940 hour 3 minute 40 A.M.

21. I hereby certify that I attended the deceased from at birth to _____, 19____; that I last saw him alive on June 7, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Deformed Condition of spine Duration _____

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) 10

Major findings: Of operations _____

Of autopsy _____

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? 898

(e) Means of injury _____ (Specify type of place) _____

23. Signature R. J. Tarpley (M. D. or other) _____

Address Dudley Date signed June 7-1940

RECEIVED

District Health Officer No. 2.

District File Number 740 - 1184

Date Filed 7/3/40

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 22977

Registration District No. 840

Primary Registration District No. 6102

Registrar's No. 17

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Stoddard
(b) City or town Duane
(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)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____
(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.

3. (a) PRINT FULL NAME Ben named Eagan

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex _____ 5. Color or race _____ 6. (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ year _____

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day _____ hr _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant _____ (b) Address _____

17. (a) _____ (b) Date thereof (Month) (Day) (Year)
(Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 6-8-1940 (b) Deborah Dupont
(Date received local registrar) (Registrar's signature)

20. MEDICAL CERTIFICATION

20. DATE OF DEATH Month June day 7
year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

Duration _____
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?

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

23. Signature P. J. Tarpley (M. D. or other)
Address Frank Date signed _____

SUPPLEMENTARY

S-22977