

Registration District No. 284

Primary Registration District No. 3404 B

Registrar's No. ....

1. PLACE OF DEATH:

(a) County Dunklin  
(b) City or town Holcomb "Rural" Holcomb Twp.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community Life (Specify whether years, months or days) 1

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin 035  
(c) City or town Holcomb "Rural" 0  
(If outside city or town limits, write "RURAL")  
(d) Street No.....  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country..... 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 1  
year 1941 hour 10 minute 15 P.M.

21. I hereby certify that I attended the deceased from Aug 29 1941 to Sept 1st 1941;  
that I last saw h./m. alive on Aug 31 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Illus Colitis Duration 32 hr  
Due to Atrophy (Wt. 9 lbs - 9 mo) 4 wks  
Anthraxemia 10 days

Other conditions.....  
(Include pregnancy within 3 months of death)  
Major findings:  
Of operations.....  
Of autopsy.....  
2000

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 John D. Anderson (M. D. or other)  
Address Madison Mo Date signed 9/2/41

3. (a) PRINT FULL NAME Morris Wayne Eagan

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

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

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased: June 8 - 1910  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
1 2 21 hr. min.

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

10. Usual occupation Baby

11. Industry or business.....

12. Name Ed Eagan

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

14. Maiden name Mattie Durbin

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

16. (a) Informant FATHER Ed Eagan

(b) Address Holcomb H.W. "Rural"

17. (a) Burial (b) Date thereof Sept 2 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Four Mile

18. (a) Signature of funeral director Friends & Landess Service

(b) Address Cathedral

19. (a) Sept 10 1941 (b) A Anderson  
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

SEP 19 1944

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was <sup>no</sup>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 the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**