

No. 2
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17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28943

FILLED SEP 12 1941
Registration District No. 607

Primary Registration District No. 4363

Registrar's No. 87

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

1. PLACE OF DEATH: NEWTON
(a) County
(b) City or town. NEOSHO
(c) Name of hospital or institution: SALE - BOWMAN HOSPITAL
(d) Length of stay: In hospital or institution
In this community years, months or days

3. (a) PRINT FULLNAME MARVIN LEWIS EUBANKS
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 Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb 25 1941
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
5 9 hr. min.

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

10. Usual occupation

11. Industry or business INFANT

MOTHER FATHER { 12. Name SILAS EUBANKS
13. Birthplace OKLAHOMA
(City, town, or county) (State or foreign country)
14. Maiden name EVA EDENS
15. Birthplace MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant Eubanks
(b) Address NEOSHO MISSOURI

17. (a) BURIAL (b) Date thereof AUG 5 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation STONY POINT CEMETERY

18. (a) Signature of funeral director
(b) Address NEOSHO MISSOURI
19. (a) 8-4-41 (b) Anala R. Sal...
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County NEWTON 73
(c) City or town NEOSHO RURAL 0
(d) Street No. ROUTE 5
(e) If foreign born, how long in U. S. A. 0 years

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month AUG day 2
year 1941 hour 2 minute 15 M.

21. I hereby certify that I attended the deceased from July 28 to Aug 4 1941
that I last saw him alive on Aug 14 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-pneumonia and peritonitis
Duration 3 days

Due to
Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings: none
Of operations
Of autopsy none
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?
(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 Melvin P. Bowman (M. D. or other)
Address Neosho Mo Date signed Aug 4 1941

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 6,

District File Number 941-1474

Date Filed SEP 10 1941

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

Donald Reed

, Registered Apprentice No. 202

working under my personal supervision.

Signed

James B. [Signature]

Licensed Embalmer No. 2689

P. O. Address [Signature]

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.