No. 2
-13-40
17-39
X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

38078

State File No.

FILED DEC 11 1941

Registration District No. 175

Primary Registration District No. 4104

Registrar's No. 59

1. PLACE OF DEATH:
(a) County Chariton
(b) City or town Salisbury Tum
(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 all
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Chariton 21
(c) City or town Salisbury 2
(If outside city or town limits, write "RURAL")
(d) Street No. ✓ 0
(If rural, give location) 6
(e) If foreign born, how long in U. S. A.? ✓ years.

3. (a) PRINT FULL NAME Lon Eddins

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced married /

6. (b) Name of husband or wife Martha J. Eddins

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased Sept. (Month) 13 (Day) 1857 (Year)

8. AGE:

Years	Months	Days	If less than one day
84	2	10	hr. min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Adkinson Eddins /
13. Birthplace (City, town, or county) Virginia (State or foreign country)

MOTHER
14. Maiden name Katherine Blankenship
15. Birthplace (City, town, or county) Va. / (State or foreign country)

16. (a) Informant Arthur Eddins
(b) Address St. Augustine, Florida

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 24-'41 (Month) (Day) (Year)
(c) Place: burial or cremation Salisbury Cem.

18. (a) Signature of funeral director Geo. B. Winkelmeyer
(b) Address Salisbury, Mo.

19. (a) 11/25/41 (Date received local registrar) (b) R. A. Gehring (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 23
year 1941 hour 5 minute A.M.

21. I hereby certify that I attended the deceased from Nov -1, 1941, to Nov 23, 1941
that I last saw him alive on Nov 22, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to Arterio Sclerosis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 93d

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

23. Signature G. W. Hawkins (M. D. or other)
Address Salisbury Mo. Date signed 11/23/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 12-9-41

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 Fire K. Winkelmeyer, Registered Apprentice No. working under my personal supervision.

Signed Fire K. Winkelmeyer

Licensed Embalmer No. 3981

P. O. Address Salisbury, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

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