

S. No. 2
-1-4-41
5-17-39
PI X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

1959

State File No. _____

FILED FEB 10 1942

Registration District No. 165

Primary Registration District No. 5231

Registrar's No. 49

1. PLACE OF DEATH:

(a) County Cedar
(b) City or town Rural-Linn Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: XX
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution XX (Specify whether
In this community XXX years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar 20
(c) City or town Rural-Linn Township 0
(If outside city or town limits, write "RURAL")
(d) Street No. XXX (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country XXX

3. (a) PRINT-FULL NAME Ida Mae Eaves

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

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Nelson Eaves
6. (c) Age of husband or wife if alive 79 years
7. Birth date of deceased Jan. 6, 1869
(Month) (Day) (Year)

8. AGE: Years 73 Months 0 Days 16 If less than one day XXX hr. XX min.

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

10. Usual occupation Housewife

11. Industry or business XXX

12. Name John G. Fisher

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

14. Maiden name Francis Dudley

15. Birthplace XXX North Carolina
(City, town, or county) (State or foreign country)

16. (a) Informant Maude Wirth

(b) Address Stockton, Mo.

17. (a) Burial (b) Date thereof 1-24-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mound Cemetary

18. (a) Signature of funeral director W. C. Davis & Co.

(b) Address Stockton, Mo.

19. (a) 2-5-42 (b) Mrs. Myrtle Bought
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 22
year '42 hour 12:30 minute P.M.

21. I hereby certify that I attended the deceased from 4-5-1941 to 1-20-1942.
that I last saw h. aw alive on 1-20-1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Eda
Hypertension ?

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) 83a!

Major findings: Of operations _____
Of autopsy _____

Duration
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 0

23. Signature Wm B Richter (M. D. or other) _____
Address Stockton, Mo. Date signed 1-23-42

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

MOTHER FATHER

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. ~~3335~~
working under my personal supervision.

Signed.....

P. H. Gual

Licensed Embalmer No. *3335*

P. O. Address *Stockton, M*

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, fact should be so stated above.