

S. No. 2
M-9-4-41
v. 5-17-39
X29484

18516

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 19 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registration District No. 66 Primary Registration District No. 5762
Registrar's No. 42

1. PLACE OF DEATH:
(a) County MISSISSIPPI
(b) City or town CHARLESTON - RURAL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: RFD #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 5 WEEKS years, months or days

3. (a) PRINT FULL NAME ABNER SMITH EGGERS
(b) If veteran, name war NO
(c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife ETTA EGGERS
6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased MAY 12 1869
(Month) (Day) (Year)

8. AGE: Years 72 Months 11 Days 22 If less than one day
hr. _____ min. _____

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

10. Usual occupation FARMER
11. Industry or business FARMING

MOTHER FATHER { 12. Name DAVID LANDRINE EGGERS
13. Birthplace JOHNSON COUNTY TENNESSEE
(City, town, or county) (State or foreign country)
14. Maiden name ELLEN REED
15. Birthplace STATE OF TENNESSEE
(City, town, or county) (State or foreign country)

16. (a) Informant MRS ETTA EGGERS
(b) Address CHARLESTON, MO R#1

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 5-5-42
(Month) (Day) (Year)
(c) Place: burial or cremation OAK GROVE - CHARLESTON, MO

18. (a) Signature of funeral director John F. Hummel
(b) Address CHARLESTON, MO

19. (a) 5/11/42 (Date received local registrar) (b) D. E. Moore (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State ARKANSAS (b) County JOHNSON
(c) City or town OARK - RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. R#2 (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country NONE

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month MAY day 3RD
year 1942 hour 12 minute NOON
21. I hereby certify that I attended the deceased from March 26
1942 to May 31, 1942
that I last saw h. aw alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death metastatic carcinoma Duration 2 mo.

Due to prostatic primary carcinoma OK

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

Major findings: Of operations _____
Of autopsy _____
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? _____

White at work? _____ (Specify type of place)
(e) Means of injury 0
23. Signature Paul Baur (M. D. or other)
Address Charleston Mo. Date signed 5/11/42

1201 (Licensed Embalmer's Statement on Reverse Side)

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

67
00

OR

RECEIVED
District Health Office No. 2,
District File Number 642-228
Date Filed JUN 16 1942

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 John P. Minnells Jr
Licensed Embalmer No. 3857
P. O. Address Charleston, Mo

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.