

V. S. No. 2
50M-5-42
Rev. 5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 21 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3762

Registration District No. 360 Primary Registration District No. 6224 Registrar's No. 193

1. PLACE OF DEATH:
(a) County Vernon
(b) City or town _____
(c) Name of hospital or institution: Rural Center township
(d) Length of stay: In hospital or institution _____
In this community 67 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Vernon
(c) City or town Rural
(d) Street No. Center township
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ARTHUR EADOR
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 15 year 1942 hour 5-30 minute P M.
21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____
that I last saw him _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

4. Sex m 5. Color or race o r 6. (a) Single, widowed, married, divorced, Married
(b) Name of husband or wife: Esther Barker 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: April 19 - 1875 (Day) (Year)

Immediate cause of death: Extensive carcinomatosis of l. neck. Site of origin unknown. Originally treated by Dr. R. B. Wray
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years 67 Months 7 Days 7 If less than one day _____ hr. _____ min.
9. Birthplace: Nevada Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation: Farming

Major findings: - now in U.S. Army
Of operations _____
Of autopsy 552

MOTHER FATHER
11. Industry or business _____
12. Name Whitecomb Eador
13. Birthplace not known Kentucky
14. Maiden name Fannett Barker
15. Birthplace not known Ind.
16. (a) Informant W. B. Eador
(b) Address Nevada - MO.
17. (a) Burial (b) Date thereof 12-17-42
(c) Place: burial or cremation: Mossel Cemetery
18. (a) Signature of funeral director: Elizabeth Breckenridge
(b) Address Nevada Mo
19. (a) Dec. 26, 1942 (b) Elizabeth Breckenridge
(Date received local registrar) (Registrar's signature)

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) _____

(Means of injury)
23. Signature: Christy Davis Cooper (M. D. or other) _____
Address: Nevada Mo Dated: 12/17/42

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

08
0
0

108
0

1251

RECEIVED
District Health Officer No. 7
District File Number 12-42-1491
Date Filed 1-12-43

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 me
....., Registered Apprentice No.
working under my personal supervision.

Signed L B Ferry
.....
Licensed Embalmer No. 1760
.....
P. O. Address Nevada 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.