No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

32782

FILED OCT 8 1943

State File No. 1

Registration District No. 3359

Primary Registration District No. 6222

Registrar's No. 32

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

108
0
0

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town Rural RFD #3
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Moundville Twp
(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 Life 44 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon

(c) City or town Nevada Mo Rural R#3 108
(If outside city or town limits, write "RURAL")

(d) Street No. Moundville Township 0
(If rural, give location)

(e) Citizen of foreign country? — No (Yes or No)

If yes, name country —

3. (a) PRINT FULL NAME O RUIL, BARNES, EADS

3. (b) If veteran, name war — No

3. (c) Social Security No. — No

4. Sex M O

5. Color or race W

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

6. (b) Name of husband or wife Gurnie Eads

6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased Sept (Month) 5 (Day) 1899 (Year)

8. AGE: Years 44 Months 0 Days 20 If less than one day ____ hr. ____ min.

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

10. Usual occupation Farming

11. Industry or business

FATHER
12. Name John Eads
13. Birthplace Not Known (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Malinda Shaw
15. Birthplace Not Known (City, town, or county) (State or foreign country)

16. (a) Informant Gurnie Eads

(b) Address Nevada Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof ____ (Month) (Day) (Year)

(c) Place: burial or cremation Moore Cemetery

18. (a) Signature of funeral director Ferry Funeral Home

(b) Address Nevada Mo

19. (a) Oct 4, 1943 (Date received local registrar) (b) Alessner Ludwig (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 25 year 1943 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from July 17, 1943, to Sept 25, 1943, that I last saw him alive on Sept 11, 1943, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Pulm. Tuberculosis	2 mo.
Due to ✓	
Due to ✓	
Other conditions none (Include pregnancy within 3 months of death)	
Major findings: Of operations ✓	
Of autopsy ✓	

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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 W. Love (M. D. or other) MD

Address Nevada, Mo Date signed Sept 25/43

122 6

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 9-43-993
Date Filed 10-7-43

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~~ MQ

....., Registered Apprentice No.....

working under my personal supervision.

Signed Mike E Ferry

Licensed Embalmer No. 1432

P. O. Address Neosho 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.