S. No. 2
M—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 12 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 34979

Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 200

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 419 Poplar /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution - - - (Specify whether
In this community 55 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Carthage
(If outside city or town limits, write "RURAL")

(d) Street No. 419 Poplar
(If rural, give location)

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

If yes, name country - - -

3. (a) PRINT FULL NAME Nancy Josephine Eaker

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Jonas Daniel Eaker

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

7. Birth date of deceased October (Month) 25 (Day) 1859 (Year)

8. AGE: Years 83 Months 11 Days 23 If less than one day ..... hr. ..... min.

9. Birthplace Randolph Co. (City, town, or county) Illnois / (State or foreign country)

10. Usual occupation At home

11. Industry or business - - -

FATHER
12. Name William Morris
13. Birthplace Unknown (City, town, or county) Illnois / (State or foreign country)

MOTHER
14. Maiden name Cathrine Candle
15. Birthplace Unknown (City, town, or county) Illnois / (State or foreign country)

16. (a) Informant W. M. Eaker
(b) Address Carthage, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 21, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation OAK HILL CEMETERY

18. (a) Signature of funeral director Knell Mortuary
(b) Address Carthage, Mo

19. (a) Oct. 20 '43 (Date received local registrar) (b) Elizabeth Couplin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 18
year 1943 hour 6:50 minute P M.

21. I hereby certify that I attended the deceased from ....., 1940, to Oct 18, 1943;
that I last saw h EV alive on Oct. 18, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Senility

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

162 b

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 P. N. Webster (M. D. or other)
Address Carthage Mo Date signed Oct 19 '43

1 2 3

(Licensed Embalmer's Statement on Reverse Side)

43-16-922

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.....Emma L Steel.....

Licensed Embalmer No.....391.....

P. O. Address.....Carthage.....

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.