

State File No.

LED NOV 9 1943

Registration District No. 179

Primary Registration District No. 5667

Registrar's No.

1. PLACE OF DEATH:

(a) County Lincoln

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

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 yr.
(Specify whether years, months or days)

In this community In this community
(Specify whether years, months or days)

3. (a) PRINT FULL NAME ALBERTA ADAMS EALUM

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex F 1

5. Color or race W

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

6. (b) Name of husband or wife David Ealum

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased Nov. 9 1867
(Month) (Day) (Year)

8. AGE: Years 75 Months 10 Days 24
If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Littleton Calloway

13. Birthplace Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Thornhill

15. Birthplace Troy Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Frank Rinnert

(b) Address Troy Mo.

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof Oct 5, 43
(Month) (Day) (Year)

(c) Place: burial or cremation Thornhill Cem.

18. (a) Signature of funeral director Wayne M. Roy

(b) Address Troy Mo.

19. (a) Nov 1-43 (b) Mrs. Fay Jackson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lincoln

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

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

(e) Citizen of foreign country? U (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 2
year 1943 hour 7 minute 40 P.M.

21. I hereby certify that I attended the deceased from May
1943 to Oct 2 1943
that I last saw h. ex alive on Oct 2 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of stomach
Duration year

Due to

Due to

Other conditions 46 lb
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy no

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While a (work)? Spec. C. E. E. E. E. (Specify type of place) (e) Means of injury

23. Signature T. Roy, M.D. (M. D. or other) 2

Address Troy Mo. Date signed Oct 5, 43

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

1007

PHYSICIAN

Underline the cause to which death should be charged statistically.

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..... *Wayne McCoy*
Licensed Embalmer No. *3586*
P. O. Address..... *Jay 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.