

S. No. 2  
1-8-43  
5-17-39  
P I X37823

DEPARTMENT OF COMMERCE - THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF THE CENSUS  
**FILED SEP 16 1948** STANDARD CERTIFICATE OF DEATH

29674

State File No. \_\_\_\_\_  
Registrar's No. 296

Registration District No. 43

Primary Registration District No. 3007

1. PLACE OF DEATH:  
(a) County Butler  
(b) City or town Poplar Bluff  
(c) Name of hospital or institution: Poplar Bluff Hospital  
(d) Length of stay: 1 da  
In this community life

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Wayne  
(c) City or town Williamsville  
(d) Street No. \_\_\_\_\_  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Judy Iona Eads  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Sept day 2  
year 1946 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

4. Sex F 5. Color or race W  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Sept 1 1946

21. I hereby certify that I attended the deceased from 9-1-1946 to 9-2-1946  
that I last saw her alive on 9-1-46  
and that death occurred on the date and hour stated above.

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days 1  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Asphyxia Neonatorum  
Due to Prematurity  
Duration 1 day

9. Birthplace Poplar Bluff Mo.

Other conditions \_\_\_\_\_  
Major findings: 159  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

10. Usual occupation \_\_\_\_\_  
11. Industry or business \_\_\_\_\_

MOTHER FATHER {  
12. Name Forrest Eads  
13. Birthplace Piedmont Mo.  
14. Maiden name Mildred Daughtery  
15. Birthplace Williamsville Mo.

PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant Forrest Eads  
(b) Address Williamsville, Mo  
17. (a) Burial (b) Date thereof Sept. 3, 1946  
(c) Place: burial or cremation Chapel Hill

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? \_\_\_\_\_

18. (a) Signature of burial director Greer Croy & Fitch  
(b) Address Poplar Bluff, Mo.  
19. (a) 9/5/46 (b) R. W. Fonda  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_  
(e) Means of injury \_\_\_\_\_  
23. Signature J. W. Fonda (M. D. of other) XXX  
Address Poplar Bluff, Mo. Date signed 9-3-46

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

28210

RECEIVED

District Health Office, Atn 2,

District File Number 946-1095

Date Filed 9-10-46

---

---

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.

*Not embalmed*  
Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.**