

No. 2
2-43
-17-39

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37712**

FILED NOV 20 1947

Registration District No. **128**

Primary Registration District No. **2000**

Registrar's No. **910A**

1. PLACE OF DEATH:

(a) County **Greene**

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

(c) Name of hospital or institution:
819 West Pershing Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: **in hospital or institution** **27 years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Greene** **39**

(c) City or town **Springfield** **2**
(If outside city or town limits, write "RURAL")

(d) Street No. **819 West Pershing Street** **6**
(If rural, give location)

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

3. (a) PRINT FULL NAME **LOVA ELLA EDDINGTON**

3. (b) If veteran, name war **None**

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 **Wade H. Eddington**

6. (c) Age of husband or wife if alive **deceased** **Years**

7. Birth date of deceased **July 4, 1870**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
77	3	15	hr. min.

9. Birthplace **Unknown Kentucky**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **Home Making**

MOTHER FATHER

12. Name **James McLane**

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

14. Maiden name **Elian (unknown)**

15. Birthplace **Unknown Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. P. H. Daugherty (daughter)**

(b) Address **819 West Pershing Street**

17. (a) **Burial** (b) Date thereof **10/21/1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Green Lawn Cemetery**

18. (a) Signature of funeral director **Alma Lohmeyer**
Springfield, Missouri

(b) Address

19. (a) **10-27-47** (b) **W. E. Handley** **423**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **19**,
year **1947** hour **4:** minute **30** A. M.

21. I hereby certify that I attended the deceased from **Oct 12 47**
19 **to Oct 18 1947**
that I last saw her alive on **Oct 18 1947**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary occlusion** **Duration**

Due to **Senility Age 77**

Due to

Other conditions **none**
(Include pregnancy within 3 months of death)

Major findings: **none**

Of operations **none**

Of autopsy **none**

PHYSICIAN **none**
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) **none**

(b) Date of occurrence **none**

(c) Where did injury occur? **none** (City or town) (County) (State)

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

While at work? **none** (Specify type of place) (b) Means of injury **none**

23. Signature **Wm H. Selaly** (M. D. or other) **MD**
Address **Springfield Mo** Date signed **10/21/47**

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

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

Jewell E. Wurdle

Licensed Embalmer No. *2831*

P. O. Address *Springfield 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.