

S. No. 2
 M-5-43
 v. 5-17-39
 I X36671

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
FILED FEB 11 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
 Registrar's No. **27**

Registration District No. **70** Primary Registration District No. **3002**

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

1. PLACE OF DEATH:
 (a) County Audrain
 (b) City or town Mexico, Mo
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Audrain Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 22 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Audrain
 (c) City or town Mexico, Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. R.R. # 3
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Ida Belle Eddy
 3. (b) If veteran, name war None 3. (c) Social Security No. None
 4. Sex F 5. Color or race W
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Nov 12 1871
 (Month) (Day) (Year)
 8. AGE: Years Months Days If less than one day
76 2 24 hr. min.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Feb day 7
 year 1948 hour 9 minute A- M.
 21. I hereby certify that I attended the deceased from Oct 1947 to 2-7-1948
 that I last saw her alive on 2-7-1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Cardio Nephros
Atherosclerosis
 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.

9. Birthplace Jenkins Mill, Neb
 (City, town, or county) (State or foreign country)
 10. Usual occupation Housewife
 11. Industry or business _____
 12. Name George W. Pike
 13. Birthplace DK
 (City, town, or county) (State or foreign country)
 14. Maiden name Lucinda Patterson
 15. Birthplace DK
 (City, town, or county) (State or foreign country)
 16. (a) Informant Alvy Eddy
 (b) Address Mexico, Missouri.
 17. (a) Burial (b) Date thereof Feb 9, 1948
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Parise Cem
 18. (a) Signature of funeral director Chad Knudsen
Mexico, Missouri.
 (b) Address _____
 19. (a) 2/7/48 (b) Blanche Neely
 (Date received local registrar) (Registrar's signature)

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)
 (e) Means of injury _____
 23. Signature J. Frank Jolley (M. D. or other) MD
 Address Mexico, Mo Date signed 2/7/48

RECEIVED
District Health Officer No. 1
Certificate File Number 24827
Date Filed FEB 10 1948

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 Everett R. Neal
Licensed Embalmer No. 4038
P. O. Address Mexico, 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.