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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 31 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9778

Registration District No. 282 Primary Registration District No. 5974 Registrar's No. 33

1. PLACE OF DEATH
(a) County Polk (South Green Township)
(b) City or town Louisburg (Rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 6 Miles S.W. of Louisburg
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) Life
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Polk 84
(c) City or town Louisburg (Rural) 0
(If outside city or town limits, write "RURAL")
(d) Street No. 6 Miles S.W. of Louisburg 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country None

3. (a) PRINT FULL NAME John Washington Eidson
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ida Eidson
6. (c) Age of husband or wife if alive 77 years
7. Birth date of deceased April 4, 1867 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
89	11	11	hr. min.

9. Birthplace Polk County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Farming
FATHER
12. Name James H. Eidson
13. Birthplace (City, town, or county) Kentucky (State or foreign country)
MOTHER
14. Maiden name Martha Williams
15. Birthplace (City, town, or county) Unknown (State or foreign country)
16. (a) Informant Mrs. John W. Eidson
(b) Address Louisburg, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 17, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Lindley Creek Cemetery
18. (a) Signature of funeral director Ervin - Blue
(b) Address Bolivar, Mo.
19. (a) Mar. 23, 1948 (Date received local registrar) (b) Raphy Gordon (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 15, year 1948 hour 10:30 minute A. M.
21. I hereby certify that I attended the deceased from Mar. 15, 1948, to ..., 19..; that I last saw him alive on Mar. 15, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Occlusion	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — 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)
(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 Willard B. Ervin Coroner (M. D. or other)
Address Bolivar, Mo. Date signed 3/16/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 2-48-327
Date Filed 3-30-48

AUG 15 1961

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 Willard D. Erwin

Licensed Embalmer No. 3092

P. O. Address Palmyra, 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.