S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 9 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15545

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 189

1. PLACE OF DEATH:
(a) County Butler
(b) City or town Poplar Bluff, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Poplar Bluff Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Wayne 111
(c) City or town Piedmont Rural 1
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location) 1
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME ELIZABETH ANN Eads
3. (b) If veteran, name war ..... 3. (c) Social Security No. .....
4. Sex F 1 5. Color or race W 6. (a) Single, widowed, married, divorced CHILD 0
6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Feb (Month) 24 (Day) 1948 (Year)

8. AGE:

Years	Months	Days	If less than one day
X	2	15	..... hr. ..... min.

9. Birthplace St. Louis, Mo. 0
(City, town, or county) (State or foreign country)
10. Usual occupation .....
11. Industry or business .....
FATHER
12. Name Oscar Eads
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Ann Chetwood
15. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)
16. (a) Informant Mr. Oscar Eads
(b) Address Piedmont, Mo. (R1)
17. (a) Burial (b) Date thereof 5 10 48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New Liberty
18. (a) Signature of funeral director William Cole
(b) Address Piedmont, Mo
19. (a) 6-2-48 (b) R. Menetrez
(Date received local registrar) (Registrar's signature) 35

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8
year 1948 hour ..... minute 450P M.
21. I hereby certify that I attended the deceased from ..... 19..... to ..... 19.....;
that I last saw h..... alive on ..... 19.....;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Lobar Pneumonia	2 day
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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PHYSICIAN
Underline the cause of 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 0
23. Signature Frank E. Dwell (M. D. or other) MD
Address Poplar Bluff, Mo Date signed June 2, 1948

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 6-48-23d
Date Filed 6-2-48

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 Cedar Funeral Home, Registered Apprentice No. ..... working under my personal supervision.

Signed William Corder

Licensed Embalmer No. 3723

P. O. Address Piedmont, Ala.

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.