

National Office of Vital Statistics  
FILED JUN 24 1948  
Registration District No. 2867

Primary Registration District No. 5902

Registrar's No. 52

## 1. PLACE OF DEATH:

- (a) County Demiseot  
 (b) City or town Hayti Rural  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution..... (Specify whether

In this community..... (Specify whether  
years, months or days)3. (a) PRINT  
FULL NAMEBaby Eades  
3. (b) If veteran,  
name war no3. (c) Social Security No.  
none

4. Sex Female 5. Color or race Cobred  
 6. (a) Single, widowed, married, divorced.....  
 6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if  
 alive..... years  
 7. Birth date of deceased June 12th 1948  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
0 0 0 0 hr. 0 min.9. Birthplace Hayti Missouri  
(City, town, or county) (State or foreign country)10. Usual occupation Infant

11. Industry or business.....

12. Name unknown13. Birthplace " "  
(City, town, or county) (State or foreign country)14. Maiden name Lucy Eades15. Birthplace Lee County, Miss  
(City, town, or county) (State or foreign country)16. (a) Informant Lawrence Eades(b) Address Hayti, Mo17. (a) Burial (b) Date thereof 6/14/48  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Hayti, Mo18. (a) Signature of funeral director John W. Gorman(b) Address Hayti, Mo19. (a) 6-21-48 (b) John W. Gorman  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (e) State Missouri (b) County Demiseot  
 (c) City or town Rural  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. Hayti  
 (If rural, give location)  
 (e) Citizen of foreign country?..... (Yes or No)  
 If yes, name country.....

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12  
year 1948 hour 3 minutes 00 A M.21. I hereby certify that I attended the deceased from after  
death 19....., to..... 19.....  
that I last saw h..... alive on..... 19.....  
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Placental abruption  
Broken bone in  
delivery.  
Due to.....  
Due to.....Other conditions.....  
(include pregnancy within 3 months of death.)

Major findings:

Of operations.....

Of autopsy.....

PHYSICIAN

Underline  
the cause of  
which death  
should be  
charged sta-  
tistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) spontaneous  
 (b) Date of occurrence birth receptor  
of cord.  
 (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 John W. Gorman (D. or other)  
Address Hayti, Mo Date signed 6/10/48

6-48-186

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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 John H. German

Licensed Embalmer No. 4355

P. O. Address Hopkinton, 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.