

FILED SEP 9 1948

Registration District No. 275

Primary Registration District No. 3053

Registrar's No. 69

1. PLACE OF DEATH:

(a) County Dist. Phelps.
 (b) City or town Rolla.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 weeks. (Specify whetherIn this community 80 years.
years, months or days)3: (a) PRINT FULL NAME William F Eaves.

3: (b) If veteran, name war _____
 3: (c) Social Security No.

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced W 2

6: (b) Name of husband or wife Addie Eaves. 6: (c) Age of husband or wife If alive _____ years7. Birth date of deceased July 29 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
88 0 24 hr. min.

9. Birthplace Des Moines. (City, town, or county) (State or foreign country)10. Usual occupation Farmer, Retired.

11. Industry or business

12. Name W. D. Eaves13. Birthplace Missouri (City, town, or county) (State or foreign country)14. Maiden name Mary Arnold.15. Birthplace Missouri (City, town, or county) (State or foreign country)16: (a) Informant Social Security Office.(b) Address Salem, Mo.17: (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-25-48 (Month) (Day) (Year)(c) Place: burial or cremation Cedar Grove18: (a) Signature of funeral director Hobson & Strathman(b) Address Salem, Mo.19: (a) 8-31-48 (Date received local registrar) (b) Nadine L. Stoll (Registrar's signature) 380

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Dist. 33
 (c) City or town Salem
 (If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 28
year 1948 hour 11 minute 40 P.M.

21. I hereby certify that I attended the deceased from April 17,
1948 to Aug 1, 1948
 that I last saw him alive on July 27, 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiovascular Renal diseaseDue to Heart TroubleDue to Heart TroubleOther conditions -
(Include pregnancy within 3 months of death)Major findings: Of operations 2Of autopsy NO 13/6

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

(a) Accident, suicide, or homicide (specify) no(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? ✓While at work? no (Specify type of place) (e) Means of injury _____23. Signature H. G. Dillon (M. D. or other)Address Salem, Mo. Date signed 8-24-48

RECEIVED

Phelps County Health Officer;

County File Number _____

Date Filed

9/8/48

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.....

Not Embalmed

....., Registered Apprentice No.....

working under my personal supervision.

County Case.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.