

REC'D MAR 16 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

6940
Do not use this space.

1. PLACE OF DEATH

(a) County Johnson Registration District No. 431
(b) Township _____ Primary Registration District No. 3023 Registered No. 20
(c) City Warrensburg (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 339 James Douglas Eads St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Virginia Eads
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May-28-1853
7. AGE YEARS 85 MONTHS 6 DAYS 6 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Druggist
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fert Madison Iowa

13. NAME James D. Eads

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown West Virginia

15. MAIDEN NAME Minerva Foster

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Virginia

17. INFORMANT (ADDRESS) Susie Shepard Warrensburg, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset Hill DATE Feb-6-1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Surgery-Phillips Warrensburg, Mo.

20. FILED Feb. 6 1939 Echa Bentz Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb-4-1939

22. I HEREBY CERTIFY, That I attended deceased from 1-1-39 to Feb-4-1939
I last saw him alive on Feb-4-1939 Death is said to have occurred on the date stated above, at 8:15 P.M.
The principal cause of death and related causes of importance were as follows:

Styptrocyes Allulitis of scrotum
hemorrhage from blood vessel following operation
Other contributory causes of importance: Senility

Date of onset 1-28-39

Name of operation Removal of blood vessel Date of 1-20-39
What test confirmed diagnosis? Laboratory Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) Dr. T. M. Kinney M. D.
391 (Address) Warrensburg, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District Health Officer No. 8,
District File Number
3/10/39
Date Filed

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, Earl Priest, or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed Earl Priest

Licensed Embalmer No. 3878

P. O. Address Warrensburg, 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, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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PLACE OF DEATH

(a) County Johnson
(b) Township
(c) City Warrensburg

Registration District No. 431
Primary Registration District No. 3023

Registered No.

(e) Length of residence in city or town where death occurred
yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME

James Douglas Ends

(a) Residence, No. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Wed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-4, 1939

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

22. I HEREBY CERTIFY, That I attended deceased from 19... to ... 19...

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m. The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min.

Streptococcus Cellulitis of Scrotum following post-operative hemorrhage from bladder following operation

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation.

Other contributory causes of importance: 126

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Name of operation Removal of bladder stone Date of ...

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19...

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19...

Local Registrar.

What test confirmed diagnosis? Was there an autopsy?
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury ... Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Nature of injury
24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) R. J. McKinney, M. D. (Address) Warrensburg Mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

WENAMORE

SUPPLEMENT

PROV

Every item of information should be carefully supplied. A statement of OCCURENCE is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCURENCE is very important.

