

REC'D APR 10 1938

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

12140
 Do not use this space.

1. PLACE OF DEATH

(a) County ST. FRANCOIS ² Registration District No. 224
 (b) Township ST. FRANCOIS ¹ Primary Registration District No. 446.5 Registered No. 848
 (c) City FLAT RIVER (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 ¹²⁰ ALBERT L. EAVES

(a) Residence, No. FLAT RIVER MO 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) MARRIED
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF SUE EAVES
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JAN. 28 - 1866
 7. AGE YEARS 73 MONTHS 1 DAYS 15 If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. MECHANIC
 9. Industry or business in which work was done, as saw mill, bank, etc. IRON STORE
 10. Date deceased last worked at this occupation (month and year) 3-13-37 11. Total time (years) spent in this occupation 50
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DENT COUNTY MO.
 13. NAME AL. EAVES, Sr. 0
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MISSOURI 0
 15. MAIDEN NAME SUSANA WILLIAMS 0
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MISSOURI

17. INFORMANT SUE EAVES
 (ADDRESS) FLAT RIVER MO
 18. BURIAL, CREMATION, OR REMOVAL PLACE KNOB LICK DATE 3-15-39
 19. FUNERAL DIRECTOR (NAME) C. Z. BOYER
 (ADDRESS) DE LOBE MO.
 20. FILED 3-29-39 C. B. FARRAR
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAR 13, 1939

22. I HEREBY CERTIFY, That I attended deceased from

Sept, 1938, to Mar 12, 1939I last saw him alive on Mar 12, 1939. Death is said to have occurred on the date stated above, at 2:45 A.M.

The principal cause of death and related causes of importance were as follows:

Chc. Myocarditis

Date of onset

Other contributory causes of importance:

Name of operation none Date of _____What test confirmed diagnosis? Crem Was there an autopsy? no23. 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? noIf so, specify _____
 (Signed) C. H. Campbell, M. D.(Address) Flat River, Mo.
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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..... *C. G. Boyer*

Licensed Embalmer No..... *1671*

P. O. Address..... *Weslodge 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.