

REC'D JUL 19 1939

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

23384
Do not use this space.

1. PLACE OF DEATH

(a) County Schuylers Registration District No. 804
(b) Township Salt River Primary Registration District No. 6049 Registered No. _____
(c) City _____ (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

George Walton Eddy
(a) Residence, No. Queen City R. F. D. 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 M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 11, 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 4 21

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ladell Co., Wisconsin

FATHER 13. NAME Joseph Walton Eddy

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

MOTHER 15. MAIDEN NAME Sarah Ellen Jarrad

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

17. INFORMANT (ADDRESS) Hattie G. Eddy
Queen City Mo. R. F. D.

18. BURIAL, CREMATION, OR REMOVAL PLACE Willmather Hill DATE July 5, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Dee Riley
Richsville Mo.

20. FILED July 10, 1939 Mrs O P Farrington Local Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 1-1-1939 to 7-2-1939. I last saw him alive on 6-21-1939. Death is said to have occurred on the date stated above, at 6 A m.
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia Date of onset 7-2-39
Serivility
Other contributory causes of importance: 100

Name of operation _____ Date of _____
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 _____, 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) R. P. Seals, M. D.
Kent Kowalski

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.

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.....

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, above space should be left blank.