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.

REC'D SEP 12 1939

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

29136
Do not use this space.

1. PLACE OF DEATH
(a) County Greene
(b) Township N. Campbell
(c) City Springfield, Mo.
Registration District No. 318
Primary Registration District No. 2001
Registered No. 618
(d) Street No. St. Johns Hospital 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.

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2. PRINT FULL NAME William Everett Eddings
(a) Residence, No. Rogersville, Mo. Route 1 St. Rogersville Mo R#1
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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~~ Kate Parks Eddings
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 9 - 1883
7. AGE ✓ YEARS 56 MONTHS 5 DAYS 0 If LESS than 1 day, ...hrs. or ....min.

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.
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) Greene County, Mo.

FATHER
13. NAME J. W. Eddings
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mrs. Kate Eddings Rogersville, Mo. Rt 1
18. BURIAL, CREMATION, OR REMOVAL
PLACE Pembina Cem DATE Aug. 13 1939
19. FUNERAL DIRECTOR (ADDRESS) B. C. Kleyer Ozark, Mo.
20. FILED Aug 13 1939 Chas A George MD Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 9 - 1939
22. I HEREBY CERTIFY, That I attended deceased from June 4, 1938, to Aug 9, 1939
I last saw him alive on Aug 9, 1939. Death is said to have occurred on the date stated above, at 5:30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Vesicle Calculi	
2 Vesicle Diverticulum	1937?
3 Ventral Hernia	

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Other contributory causes of importance: Pyelonephritis

Name of operation Supra Pubic Cystotomy Date of Aug 5 39
What test confirmed diagnosis? Exam 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) [illegible], M. D.
(Address) 715-20 Holland Bldg Springfield Mo

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, B. C. Klepper, Licensed Embalmer No. 2178

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

Myself L. E.

No. / / or by Forest K Klepper, Registered Apprentice No. 143

working under my personal supervision.

Signed B. C. Klepper

Licensed Embalmer No. 2178

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

X