

NOV 24 1939

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

36763
Do not use this space.

1. PLACE OF DEATH

(a) County Newton Registration District No. 611
 (b) Township 01113 Primary Registration District No. 5812 Registered No. _____
 (c) City Seneca, Mo. R. 2 (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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME MARIE EADS

(a) Residence, No. Seneca Mo. R. 2 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OR (OR) WIFE OF George Eads
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 24-1860
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 79 9 4
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Wife
 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) Cleveland, Ohio
 FATHER 13. NAME Peter Wisnia
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 MOTHER 15. MAIDEN NAME Pickle
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 17. INFORMANT (ADDRESS) Wm. A. E. Mihal Seneca Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Seneca DATE Oct 30, 1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wm. Bussard Seneca Mo.
 20. FILED Oct 31, 1939 Merle Sparlin Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 28, 1939
 22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1939, to Oct 28, 1939
 I last saw her alive on Oct 25, 1939. Death is said to have occurred on the date stated above, at 4:30 P.M.
 The principal cause of death and related causes of importance were as follows:
Cerebral thrombosis
 Date of onset _____
 Other contributory causes of importance: None
 Name of operation none 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 None
 24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) W. C. Barnard M. D.
545 (Address) Seneca Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

1 X10605

RECEIVED

District Health Officer No. 6,

District File Number 139-2175

Date Filed NOV 6 1939

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 me

....., Registered Apprentice No.

working under my personal supervision.

Signed B. M. Buzzard

Licensed Embalmer No. 2334

P. O. Address Seneca, 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.