

Registration District No. 89

Primary Registration District No. 5131

1. PLACE OF DEATH:

- (a) County BUTLER *Bl. 40*
- (b) City or town RURAL
- (c) Name of hospital or institution: _____
(If outside city or town limits, write "RURAL" and name of township)
- (d) Length of stay: In hospital or institution _____
(Specify whether _____)
- In this community _____
years, months or days

3. (a) PRINT FULL NAME JUNE EYE

3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Aug 20 1939
(Month) (Day) (Year)

8. AGE:
- | Years | Months | Days | If less than one day |
|-------|--------|------|----------------------|
| — | 7 | 4 | hr. _____ min. |

9. Birthplace Butler Co Mo. C
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Albert Eye
13. Birthplace Butler Co Mo. C
(City, town, or county) (State or foreign country)
14. Maiden name Rhoda Schlatterbeck
15. Birthplace Star Route Ind. I
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Albert Eye
- (b) Address Star Route Neelyville Mo
17. (a) Burial (b) Date thereof Mar 25 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
- (c) Place: burial or cremation Home Cem
18. (a) Signature of funeral director N. F. Phelps
- (b) Address Paplar Bluff Mo
19. (a) 3/26/40 (b) Blutinger
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State MO (b) County BUTLER
- (c) City or town RURAL
(If outside city or town limits, write "RURAL")
- (d) Street No. _____
(If rural, give location)
- (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 24
year 1940 hour 2 minute _____ P. M.21. I hereby certify that I attended the deceased from Mar 6, 1940, to Mar 24, 1940,
that I last saw her alive on Mar 22, 1940,
and that death occurred on the date and hour stated above.Immediate cause of death Branchio Pneumonia
Duration 18 daysOther conditions Tender age
(Include pregnancy within 3 months of death)Major findings: Right Lung
Of operations Right Lung
Of autopsy _____

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) _____
- (b) Date of occurrence _____
- (c) Where did injury occur? _____
(City or town) (County) (State)
- (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
- (e) Means of injury _____
(Specify type of place)

23. Signature J. Beck (M. D. or other) _____
Address Paplar Bluff Mo Date signed 3/26/40

FILED APR 29 1940

1072

ODIR 17/10/04

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..... *A. P. Phelps*

Licensed Embalmer No. *3231*

P. O. Address. *Peper Bluff*

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10343

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 89

Primary Registration District No. 2131

Registrar's No. 77

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Paplar bluff
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

3. (a) PRINT FULL NAME Jane Eye

3. (b) If veteran, name war (c) Social Security No.

4. Sex 7 5. Color or race W 6. (a) Single, widowed, married, divorced 8

6. (b) Name of husband or wife (c) Age of husband, or wife, if alive year

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
7 4 h min.

9. Birthplace (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name

15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

17. (a) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (b) (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town (If outside city or town limits write "RURAL")

(d) Street No. (If rural, give location)

(e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Mar day 24 year 1970 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19

that I last saw him alive on and that death occurred on the date and hour stated above.

Immediate cause of death Broncho pneumonia

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (c) Means of injury

23. Signature J Lee Paragallo D. or other

Address Paplar bluff Date

SUPPLEMENTAL

S-10345 1940