

No. 2
12-40
17-39
X23159

DEPARTMENT OF COMMERCE MISSOURI STATE BOARD OF HEALTH
BUREAU OF THE CENSUS
STANDARD CERTIFICATE OF DEATH

35830

Registration District No. 562 562 Primary Registration District No. 4331 State File No. _____
Registrar's No. _____

1. PLACE OF DEATH:
(a) County Miller
(b) City or town Iberia, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
(Specify whether years, months or days) 20 years

3. (a) PRINT FULL NAME GEORGE LEWIS EADS
3. (b) If veteran, name war no
3. (c) Social Security No. 520-09-9465

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Emma Alice (Robinson) Eads 6. (c) Age of husband or wife if alive 44 years
7. Birth date of deceased Oct. 25 - 1893
(Month) (Day) (Year)

8. AGE: Years 46 Months 11 Days 19 If less than one day hr. min.

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

10. Usual occupation Automobile Salesman

11. Industry or business Tax agency

12. Name Joseph Eads

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

14. Maiden name Fannie Ethell - Van Cump

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

16. (a) Informant Mr. George K. Eads

(b) Address Iberia, MO

17. (a) Burial (b) Date thereof Oct. 16 - 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hughes Cem. Meric County

18. (a) Signature of funeral director G. S. Gasy
(b) Address Iberia, MO

19. (a) Nov. 8 - 40 (b) Mrs. W. H. Von Erum
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Miller
(c) City or town Iberia, Mo
(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 Oct day 13 year 1940 hour 4 minute 14 A. M.

21. I hereby certify that I attended the deceased from 8/16/40 to 10/13/40, 1940; that I last saw him alive on Oct 12, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis

Due to _____
Due to _____

Other conditions Acute inflammatory arthritis
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
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? _____

4915 (Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature W. A. Gould (M.-D. or other) DO
Address Iberia, Mo. Date signed 10/14/40

Duration 3 weeks (acute)

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED

Miller County Health Dep't.

County File Number 40-106

Date issued 11/12/40

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.....

Laron Adams

Registered Apprentice No. 211

working under my personal supervision.

Signed.....

Chas. Casey

Licensed Embalmer No. 2694

P. O. Address Beria, 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, fact should be so stated above.