

REGISTRATION DISTRICT NO. 104735

Primary Registration District No. 5970

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

1. PLACE OF DEATH:  
 (a) County Randolph  
 (b) City or town Moberly  
 (c) Name of hospital or institution:  
Rothwell Park  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 In this community \_\_\_\_\_ years, months or days 2

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Randolph  
 (c) City or town Moberly  
 (d) Street No. Rothwell Park  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Charlie H. Eagan  
 (b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Dec day 11<sup>th</sup>  
 year 1940 hour 9 minute 30 a. M.

4. Sex male 5. Color or race white  
 6. (a) Single, widowed, married, divorced married  
 (b) Name of husband or wife Nancy Eagan  
 (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased: Oct 12<sup>th</sup> 1883

21. I hereby certify that I attended the deceased from \_\_\_\_\_  
Coroners case, 19\_\_\_\_  
 that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_  
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
57 1 29 hr. \_\_\_\_\_ min.

Immediate cause of death:  
Gun shot wound with heart self inflicted (suicide)  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

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

Other conditions (include pregnancy within 3 months of death)  
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10. Usual occupation Caretaker

11. Industry or business Rothwell Park

12. Name Theodore Eagan

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

14. Maiden name Ida Woodall

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

16. (a) Informant Mrs Nancy Eagan

(b) Address Moberly Mo

17. (a) Burial (b) Date thereof Dec. 13<sup>th</sup> 1940  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Perry, Mo

18. (a) Signature of funeral director Mehanand Son

(b) Address Moberly, Mo

19. (a) Dec 13 40 (b) Paul Williams  
 (Date received local registrar) (Registrar's signature)

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?  
92-5 (Specify type of place) \_\_\_\_\_  
 While at work? \_\_\_\_\_ (a) Means of injury \_\_\_\_\_

23. Signature Ho Griffiths (M. D. or other) + coroner  
 Address Moberly Mo Date signed 12/14/40

RECEIVED

District Health Officer No. 10

District File Number 1-41-163

Date Filed JAN 16 1941

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 Frank D. Witt

Licensed Embalmer No. 3021

P. O. Address Mobile, 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.