

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **44232**

REG. DIST. JAN 22 1940
Registration District No. **703**

Primary Registration District No. **4545**

Registrar's No. _____

13
2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County North

(b) City or town Grant City Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)

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

In this community Entire Life years, months or days 2

8. (a) PRINT FULL NAME Amanda Jane Eighmy

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

4. Sex Female **5. Color or** race W **6. (a) Single, widowed, married,** divorced Married

6. (b) Name of husband or wife Dell Eighmy **6. (c) Age of husband or wife if** alive 80 years

7. Birth date of deceased April 2, 1960
(Month) (Day) (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|-----------|----------|-----------|----------------------|
| <u>74</u> | <u>6</u> | <u>19</u> | hr. min. |

9: Birthplace Grant City Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business 1

MOTHER FATHER

12. Name Thomas Eighmy

18. Birthplace Hillsburg, Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Mary Walton

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

16. (a) Informant Dell Eighmy

(b) Address Grant City Mo

17. (a) Grant City **(b) Date thereof** Oct 23, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grant City

18. (e) Signature of funeral director John Andrew

(b) Address Grant City Mo

19. (a) Dec. 20, 1940 **(b)** Clifford Rice
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County North

(c) City or town Grant City
(If outside city or town limit, 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 21, year 1940 hour 5 o'clock M.

21. I hereby certify that I attended the deceased from Jan 1, 1940, to Oct 20, 1940;

that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death: myocarditis & fracture

Due to: Arterial Condition

Due to: _____

Other conditions (include pregnancy within 3 months of death): 1st W / 1st

Major findings: _____

Of operations: _____

Of autopsy: _____

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): Accident

(b) Date of occurrence: 10-1-40

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

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

23. Signature John Andrew (Specify type of place) _____
While at work _____ Means of injury fall

23. Signature John Andrew M.D. or other _____
Address Grant City Date signed _____

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.....

John Andrews....., Registered Apprentice No.
working under my personal supervision.

Signed John Andrew
Licensed Embalmer No. 3285
P. O. Address Grant City

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.