

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.

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FEB 18 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3858

Registration District No. 684

Primary Registration District No. 4408

Registrar's No.

1. PLACE OF DEATH: *P.R.*
 (a) County *Pike Mo.*
 (b) City or town *Bowling Green*
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: *1*
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution *Not in Hospital*
 (Specify whether years, months or days) *4 yrs*

2. USUAL RESIDENCE OF DECEASED:
 (a) State *Pike Mo.* (b) County *Pike*
 (c) City or town *Bowling Green*
 (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.

3. (a) PRINT FULL NAME *Mary Eubank*
 3. (b) If veteran, *No.* name war _____
 3. (c) Social Security No. *No.*

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month *Nov.* day *15th.*
 year *1940* hour *7* minute *A.* M.

4. Sex *Female* 5. Color or race *White*
 6. (a) Single, widowed, married, divorced *Widow*
 6. (b) Name of husband or wife *James Eubank*
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased *Oct. 25 - 1864*
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from *Nov. 1st*, 19*39*, to *Nov. 11th.* 19*40*
 that I last saw her alive on *Nov. 9th.* 19*40*
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
76 *0* *16* _____ hr. _____ min.

Immediate cause of death *Coronary occlusion*
 Duration _____

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

Due to _____
 Due to _____

10. Usual occupation *Retired*

Other conditions _____
 (Include pregnancy within 3 months of death)

11. Industry or business _____
 12. Name *Richard Pope*
 13. Birthplace *England*
 (City, town, or county) (State or foreign country)
 14. Maiden name *Angelina Howe*
 15. Birthplace *Ohio*
 (City, town, or county) (State or foreign country)

Major findings: Of operations *none*
 Of autopsy *none*
 Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature *W. B. Gates*
 (b) Address *Bowling Green Mo.*
 17. (a) *Burial* (b) Date thereof *Nov. 13 - 1940*
 (Burial, cremation or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation *Greenwood Cem. St. Clair Co. Ill.*
 18. (a) Signature of funeral director *W. B. C. Moore*
 (b) Address *Bowling Green Mo.*
 19. (a) *1-10-1941* (b) *W. B. C. Moore*
 (Date received local registrar) (Registrar's signature)

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) (e) Means of injury _____
 23. Signature *J. R. Berger* (M. D. or other) *J. R. Berger*
 Address *Bowling Green, Mo.* Date signed *11/12/40*

RECEIVED

District Health Officer No. 10

District File Number 2-41-202

Date Filed FEB 7 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.....

H. B. Moore

Licensed Embalmer No.....

3466

P. O. Address.....

Bowling Green

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.