

FD MAR 25 1941
Registration District No. 266

Primary Registration District No. 4164

Registrar's No. 17

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

1. PLACE OF DEATH:

(a) County Dent

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

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

(d) Length of stay: In hospital or institution XX
(Specify whether years, months or days)

In this community all her life

3. (a) PRINT FULL NAME Mary Adeline Eaves

8. (b) If veteran, name war XX

3. (c) Social Security No. XX

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: June 19 1865
(Month) (Day) (Year)

8. AGE: Years 75 Months 7 Days 29
If less than one day hr. min.

9. Birthplace St. Francis Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business ---

12. Name John Langford

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

14. Maiden name Martha McCurny

15. Birthplace No
(City, town, or county) (State or foreign country)

16. (a) Informant Cara Calhoun

(b) Address Salem Mo

17. (a) burial (b) Date thereof Feb 21/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rock Spring Cem

18. (a) Signature of funeral director Carl E. Spencer

(b) Address Salem Mo

19. (a) 2-19-41 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dent 33

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

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

(e) If foreign born, how long in U. S. A.? XX 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 18
year 1941 hour 6 minute 20 A. M.

21. I hereby certify that I attended the deceased from 9-16-40, 1940, to 2-18-41, 1941;
that I last saw h W alive on 2-18-41, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary artery disease

Due to Chronic Myocarditis & arteriosclerosis

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

Duration 3 mos.

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? 240 (Specify type of place)

(e) Means of injury _____

23. Signature [Signature] (M. D. or other) 200

Address Salem Mo Date signed 2-19-41

RECEIVED

District Health Officer No. 5,

District File Number 341396

Date Filed _____

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 _____

Licensed Embalmer No. 3806

P. O. Address Salem, 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.