

No. 2
11-10-3
1-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 24432

Registration District No. 40

Primary Registration District No. 5061

Registrar's No. 34

1. PLACE OF DEATH:

(a) County Barton
(b) City or town Lamar (Rural) Northfork Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 30 years (Specify whether
In this community 30 years / years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton 006
(c) City or town Lamar (Rural) 0
(If outside city or town limit - write "RURAL")
(d) Street No. RFD #1 (If rural, give location)
(e) If foreign born, how long in U. S. A? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31
year 1941 hour 8:00 minute P. M.

21. I hereby certify that I attended the deceased from Jan - 15 - 1940 to July 31, 1941
that I last saw him alive on July 10, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Branchio Myeloma
Due to Cerebral Hemorrhage
Jan - 15 - 1940 - Feb - 1941
Due to

Other conditions (Include pregnancy within 3 months of death) 83K

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?

While at work? (Specify type of place) (e) Means of injury _____
23. Signature C. E. Duesch (M. D. or other) MD
Address Lamar Mo Date signed _____

3. (a) PRINT FULL NAME Effie Ellen Eales

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Thomas Eales 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 20 1941 1860
(Month) (Day) (Year)

8. AGE: Years 81 Months 4 Days 11 If less than one day _____ hr. _____ min.

9. Birthplace Rushville Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Jackson Grist

13. Birthplace Rushville, Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Mary Wright

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

16. (a) Informant H. V. Eales

(b) Address Lamar, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 3 1941
(Month) (Day) (Year)

(c) Place: burial or cremation Lake Cemetery

18. (a) Signature of funeral director Konantz Funeral Home

(b) Address Lamar, Missouri

19. (a) Aug 3 - 1941 (Date received local registrar) (b) Mrs. Josephine Myrath (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

Aug 3 - 41

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

6
0
0

RECEIVED

District Health Officer No. 6,

District File Number 841-1283

Date Filed AUG 5 1947

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 Carl Konantz

Licensed Embalmer No. 2247

P. O. Address Lamar, 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.