

FILED AUG 14 1941  
Registration District No. **289**

Primary Registration District No. **4173**

Registrar's No. **36**

1. PLACE OF DEATH:

(a) County Dunklin  
(b) City or town Malden  
(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 \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_ years, months or days) 1

3. (a) PRINT FULL NAME Louie EAKERS JR.

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

4. Sex male 5. Color or race wh 6. (a) Single, widowed, married, divorced child

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

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

8. AGE: Years Months Days If less than one day  
4 3 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Louie Eakers  
13. Birthplace Zelma Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Myrtle Taylor  
15. Birthplace Malden Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Louie Eakers

(b) Address Malden, Mo.

17. (a) burial (b) Date thereof 7-11-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Malden Cemetery

18. (a) Signature of funeral director Jernigan Funeral Home  
(Specify type of place)

(b) Address Malden Mo. (c) Means of injury \_\_\_\_\_

19. (a) 7-11-1941 (b) S.B. Mitchell  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin  
(c) City or town Malden 035  
(If outside city or town limits, write "RURAL") 3  
(d) Street No. \_\_\_\_\_ (If rural, give location) \_\_\_\_\_  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) \_\_\_\_\_  
If yes, name country \_\_\_\_\_ D

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10th  
year 1941 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from July 8th  
1941, to July 10 1941

that I last saw him alive on July 9th 1941  
and that death occurred on the date and hour stated above

Immediate cause of death Acute Infectious Duration 1.0 day

W

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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) \_\_\_\_\_

(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? \_\_\_\_\_

23. Signature John Danblers M.D. (Specify type of place) \_\_\_\_\_  
(e) Means of injury \_\_\_\_\_

(b) Address Malden Mo.

Date signed 7/10/41

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

23  
605

AUG 14 1941

RECEIVED

District Health Office No. 2,

District File Number 841-1957

Date Filed 8-12-41

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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.

*Not embalmed*

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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, fact should be so stated above.**