

JAN 7 1942  
Registration District No. **165**

Primary Registration District No. **5231**

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

**1. PLACE OF DEATH:**  
 (a) County Cedar  
 (b) City or town Rural-Linn Township  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: X  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution X (Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Cedar  
 (c) City or town Rural-Linn Township  
(If outside city or town limits, write "RURAL")  
 (d) Street No. Rural-West of Sac River  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country X

**3. (a) PRINT FULL NAME** Ella Julia Eddy  
 3. (b) If veteran, name war X  
 3. (c) Social Security No. X

4. Sex Female 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Dr. Dan Eddy  
 6. (c) Age of husband or wife if alive Unknown  
 7. Birth date of deceased Oct. 8, 1865  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>2</u>	<u>9</u>	<u>X</u> hr. <u>X</u> min.

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

10. Usual occupation Housewife

11. Industry or business X

**MOTHER** { 12. Name Elic C. Montgomery  
 13. Birthplace X Tenn.  
(City, town, or county) (State or foreign country)  
 14. Maiden name Julia Noffsinger  
 15. Birthplace X Virginia  
(City, town, or county) (State or foreign country)

16. (a) Informant R. T. Montgomery

(b) Address Stockton, Mo.

17. (a) Burial (b) Date thereof 12-18-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lindley Prairie

18. (a) Signature of funeral director W.C. Davis & Co.

(b) Address Stockton, Mo.

19. (a) Dec 31-41 (b) Wesleyville Bright  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month \_\_\_\_\_ day \_\_\_\_\_  
 year \_\_\_\_\_ hour \_\_\_\_\_ minute \_\_\_\_\_ M.  
 21. I hereby certify that I attended the deceased from \_\_\_\_\_  
 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw h \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Suffocation from  
blowing hole.  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions 1921  
(Include pregnancy within 3 months of death)  
 Major findings: 10/10  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_  
**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 Dec. 17 1941  
 (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? Yes (Specify type of place)  
 (e) Means of injury Home  
 23. Signature Coroner (M. D. or other)  
 Address Coroner's Office Date signed \_\_\_\_\_

JAN 21 1944

---

---

**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.....

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.**