

Registration District No. **291084** Primary Registration District No. **5-1315136** Registrar's No. **74**

12  
8

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

**1. PLACE OF DEATH:**  
 (a) County **Butler**  
 (b) City or town **Ellsinore** *Chase Creek*  
 (c) Name of hospital or institution: **Route #1**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution.....  
 In this community **Life**  
 years, months or days) (Specify whether)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **Missouri** (b) County **Butler**  
 (c) City or town **Ellsinore**  
 (d) Street No. **Route #1**  
 (e) Citizen of foreign country? **No.**  
 If yes, name country.....

**3. (a) PRINT FULL NAME** **John Bircher Eudaley**  
 3. (b) If veteran, name war..... 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Married**  
 6. (b) Name of husband or wife **Loretta Lillian Eudaley** 6. (c) Age of husband or wife if alive **37** years  
 7. Birth date of deceased **Exact known**

8. AGE: Years **84** Months **?** Days **?** If less than one day hr. min.

9. Birthplace **Butler County Missouri**

10. Usual occupation **Farmer**  
 11. Industry or business **Farm**

MOTHER FATHER

12. Name **Reed**  
 13. Birthplace **Unknown**  
 14. Maiden name **Betty Walton**  
 15. Birthplace **Butler County, Missouri**  
 16. (a) Informant **E. A. Eudaley**

(b) Address **St. Louis, Missouri**  
 17. (a) **Burial** (b) Date thereof **3-3-42**  
 (c) Place: burial or cremation **Shilo Cemetery**

18. (a) Signature of funeral director **Greer Croy Service**  
 (b) Address **Poplar Bluff, Missouri**

19. (a) **3-4-42** (b) *Beltersture*  
 (Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month **March** day **1**  
 year **1942** hour **12** minute **10** A. M.  
 21. I hereby certify that I attended the deceased from **2-5-40**  
~~3-1-42~~ to **3-1-42**  
 that I last saw him alive on **9-2-41**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **apoplexy**  
 Due to **hypertension & arteriosclerosis**  
 Due to.....  
 Other conditions **83a!**  
 (Include pregnancy within 3 months of death)  
 Major findings: Of operations **none**  
 Of autopsy **none**

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).....  
 (b) Date of occurrence.....  
 (c) Where did injury occur?.....  
 (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 *[Signature]* (M. D. or other)  
 Address **Poplar Bluff, Mo** Date signed.....

RECEIVED

District Health Office No. 2

District File Number 342-399

Date Filed 3-13-42

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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.

Signed Wallace M. Fitch

Licensed Embalmer No. 3859

P. O. Address Poplar Bluff, 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, fact should be so stated above.**