

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

1. PLACE OF DEATH

(a) County Madawasky
 (b) City or town Marionville
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Marion Landfather Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
 In this community most of life

3. (a) PRINT FULL NAME Nelly Gladys Eddings
 3. (b) If veteran, name war No
 3. (c) Social Security No. None

4. Sex Female
 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife W. W. Eddings
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased July 8 1886
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>55</u>	<u>10</u>	<u>11</u>	hr. _____ min.

9. Birthplace Simpson Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____
 MOTHER FATHER {
 12. Name James Robert Bagby
 13. Birthplace _____
(City, town, or county) (State or foreign country)
 14. Maiden name Nancy Ellen Wright
 15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant D. W. Eddings
 (b) Address Spidman Mo

17. (a) Bury Oak (b) Date thereof 5-21-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bury Oak

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

(b) Address 95-1 South 7th in Marionville Mo

19. (a) May 21 1942 (b) Mary Cole
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madawasky
 (c) City or town Spidman
(If outside city or town limits, write "RURAL")
 (d) Street No. Rural
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19
 year 1942 hour 9 minute 40 A.M.
 21. I hereby certify that I attended the deceased from May 12 1942 to May 19 1942
 that I last saw her alive on May 19 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis Duration 10 Da.

Due to Arteriosclerosis 10 yrs.

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? _____

While at work? _____ (Specify type of place)
 (e) Means of injury 32

23. Signature M. R. Landfather (M. D. or other) MD.
 Address Marionville, Mo. Date signed 5-19-42

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..... *William Campbell*.....

Licensed Embalmer No. *21620*.....

P. O. Address..... *Mariposa 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.