DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 27 1943

Registration District No. 840

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

19200

State File No.

Primary Registration District No. 6102

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Stoddard

(b) City or town rural - Duck Creek
(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 77 yr
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard 10

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Ely W. Eads

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Mar (Month) 10 (Day) 1862 (Year)

8. AGE: Years	Months	Days	If less than one day
80		2-1	hr. min.

9. Birthplace Ardel Co (City, town, or county) S.C. (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Wm F Eads
13. Birthplace (City, town, or county) N.C. 1 (State or foreign country)

MOTHER
14. Maiden name Manda Davis
15. Birthplace (City, town, or county) S.C. 1 (State or foreign country)

16. (a) Informant's own signature Mack Eads
(b) Address Puxico Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 2 1942 (Month) (Day) (Year)
(c) Place: burial or cremation New Prospect

18. (a) Signature of funeral director Floyd Morgan
(b) Address Puxico Mo

19. (a) 4-7-1942 (Date received local registrar) (b) J W Steinmeier (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 1st
year 1942 hour 3 minute — a M.

21. I hereby certify that I attended the deceased from March 1st, 1942 to Apr 1, 1942 that I last saw him alive on March 1st, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Heart Failure

Due to Old age (Senile Debitity)

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

162 P

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature Dr A. M. Wiley (M. D. or other) D.O.

Address Puxico Missouri Date signed 4-4-42

11320 (Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 5-17-39 1 X19511

RECEIVED
District Health Office No. 2,
District File Number 5-42-581
Date Filed 5-12-42

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.....

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, above space should be left blank.