V. S. No. 2
DM—9-4-41
ev. 5-17-39
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AUG 3 1942

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 7 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

22454

State File No.

Registration District No. 843 Primary Registration District No. 6106 Registrar's No.

1. PLACE OF DEATH:

(a) County Stone

(b) City or town Galena, Mo. R-1
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Washington Twp 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution
In this community about 21 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stone 104

(c) City or town Galena, Mo 0
(If outside city or town limits, write "RURAL")

(d) Street No. X 0
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country X 0

3. (a) PRINT FULL NAME George Eby

3. (b) If veteran, name war World War #1

3. (c) Social Security No. no

4. Sex M O

5. Color or race wh

6. (a) ~~Single, widowed,~~ married, ~~divorced~~ married 1

6. (b) Name of husband or wife Lena Eby

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

7. Birth date of deceased Oct (Month) 10 (Day) 1895 (Year)

8. AGE: Years 46 Months 8 Days 7 If less than one day hr. min.

9. Birthplace Scholten Mo. Barry Co O (City, town, or county) ~~(State or foreign country)~~

10. Usual occupation Farming

11. Industry or business ✓

FATHER
12. Name E. W. Eby
13. Birthplace ~~Unknown~~ Crawford, Co. ~~Mo~~ Ohio 1 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Gouge
15. Birthplace ~~Unknown~~ Cole Co Mo O (City, town, or county) (State or foreign country)

16. (a) Informant Lena Eby
(b) Address Galena

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 18-42 (Month) (Day) (Year)
(c) Place: burial or cremation Galena Mo

18. (a) Signature of funeral director Everett J. Cheatham
(b) Address Galena Mo.

19. (a) June 18 '42 (Date received local registrar) Nellie Tromley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17 year 1942 hour 6 minute a M.

21. I hereby certify that I attended the deceased from June 16, 1942 to June 16, 1942 that I last saw him alive on June 16, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Lobar Pneumonia — Duration 1 wk

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 108

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

23. Signature R. A. Cowan (M. D. ~~or other~~)
Address Aurora, Mo. Date signed June 19-42

1112

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 642-901
Date Filed JUN 26 1942

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 Everett J. Cheatham

Licensed Embalmer No. 3870

P. O. Address Galena, 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.