

Registration District No. 89

Primary Registration District No. 3007

1. PLACE OF DEATH:  
Butler

(a) County Butler  
(b) City or town Poplar Bluff  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Lucy Lee Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 weeks  
(Specify whether  
In this community 6 weeks  
years, months or days)

3. (a) PRINT FULL NAME Noah Williamston Eads  
(b) If veteran, name war. .... 3. (c) Social Security No. ....

4. Sex Male  
5. Color or race W  
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 July 20 1856  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
86 1 19 hr. .... min.

9. Birthplace North Carolina 1  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farm

12. Name John Eads

13. Birthplace England 4  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Frye  
(b) Address Kennett, Mo.

17. (a) Burial 9-12-42  
(Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation Carson Hill

18. (a) Signature of funeral director Sparks Service  
(b) Address Flat River, Mo.

19. (a) 9-11-42 (b) B. Kimmel  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Francois 94  
(c) City or town Graniteville 0  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. .... (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country. ....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 9  
year 1942 hour 11 minute 30P M.

I hereby certify that I attended the deceased from Aug 15 1942 to Sept 9 1942  
that I last saw him alive on ... and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary edema  
Chronic myocarditis  
Due to ... 3 da  
2 yrs.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 93d

Of autopsy

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

23. Signature [Signature] (M. D. or other)  
Address Poplar Bluff Mo Date signed 9/10/42

Duration  
3 da  
2 yrs.  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

12  
7  
3

RECEIVED

District Health Office No. 2,

District File Number 942-1202

Date Filed 9-21-42

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 Wallace N. Fitch

Licensed Embalmer No. 2859

P. O. Address Caplan Bldg

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.