

FILED SEP 21 1942

Registration District No. 163

Primary Registration District No. 3031

Registrar's No. 35

1. PLACE OF DEATH

(a) County Jefferson
(b) City or town Debato
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 314 Boyd St not in hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution not in hospital
(Specify whether
In this community 76 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jefferson
City or town Debato
(If outside city or town limit write "RURAL")
(d) Street No. 314 Boyd
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME THOMAS BARTLETT EAVES

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex. male 5. Color or race white 6. (a) Single, widowed, married. divorced, married

6. (b) Name of husband or wife Catherine Eaves 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased. April 25 1864
(Month) (Day) (Year)

8. AGE: Years 76 Months 7 Days 29 If less than one day hr. min.

9. Birthplace Hillsboro Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired real estate dealer

11. Industry or business _____

12. Name Elisba Eaves

13. Birthplace Hillsboro Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Martha Lankin

15. Birthplace Hillsboro Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Catherine Eaves

(b) Address Debato Mo.

17. (a) Burial (b) Date thereof. 7-29-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery, Debato

18. (a) Signature of funeral director Donnell B. Dietrich
(b) Address Debato Mo.

19. (a) 8-6-42 (b) Fern Spencer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24
year 1942 hour 1:18 minute 20 PM.

21. I hereby certify that I attended the deceased from July 6th 1942 to July 23 1942
that I last saw him alive on July 23 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Due to chronic ulcerative colitis

Due to _____
Other conditions (Include pregnancy within 3 months of death) 93d

Major findings: Of operations _____
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?
(Specify type of place) _____

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

23. Signature J. Polyzos (M. D. or other) DO
Address Debato, Mo. Date signed 7-25-42

Duration

5 yrs

20 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

50
2
2

50
2
2

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. ~~4104~~
working under my personal supervision.

Signed Ernest B. Dietrich

Licensed Embalmer No. 4104

P. O. Address Delaware

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.