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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 11 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

2527

State File No.

Registration District No. 737 Primary Registration District No. 5588 Registrar's No. 8

1. PLACE OF DEATH:

(a) County: Jasper

(b) City or town: Reeds - Sarcoxie Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: /
Home
(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 77 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jasper

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

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

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

3. (a) PRINT FULL NAME: Mary Josephine Eells

3. (b) If veteran, name war: --

3. (c) Social Security No. ---

4. Sex: F

5. Color or race: W

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

6. (b) Name of husband or wife: Wm. K.

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

7. Birth date of deceased: November 19, 1852 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
90	1	25	hr. min.

9. Birthplace: Pike County (City, town, or county) Illinois (State or foreign country) /

10. Usual occupation: Housewife

11. Industry or business: Home

FATHER
12. Name: Morgan L. Davis
13. Birthplace: *** ----- (City, town, or county) Illinois (State or foreign country) /

MOTHER
14. Maiden name: Catherine Lions
15. Birthplace: -------- (City, town, or county) Illinois (State or foreign country) /

16. (a) Informant: Mrs. Kate Clark
(b) Address: Reeds, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/16/43 (Month) (Day) (Year)
(c) Place: burial or cremation: Dudman Cemetery

18. (a) Signature of funeral director: Roland Engelage
(b) Address: Sarcoxie, Missouri

19. (a) Jan. 18 '43 (Date received local registrar) (b) Elizabeth Coplin (Registrar's signature)

1223

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 14 year 1943 hour 3:00 minute AM.

21. I hereby certify that I attended the deceased from Nov. 11th 1942 to Jan. 14th 1943 that I last saw her alive on January 14th 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: In the beginning she had an attack of influenza — Duration: 9 weeks

Due to: Senility

Due to:

Other conditions (Include pregnancy within 3 months of death): 330

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: Geo. N. Dragdon (M. D. ~~or other~~) /
Address: Reeds Mo. Date signed 1/16-43

(Licensed Embalmer's Statement on Reverse Side)

18-1-25

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 George B. Orr

Licensed Embalmer No. 946

P. O. Address Mt Vernon Me

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.