DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

5980

State File No.

FILED MAR 1 1943

Registration District No. 54

Primary Registration District No. 5189

Registrar's No.

**1. PLACE OF DEATH:**

(a) County: Cape Girardeau

(b) City or town: Rural Wards (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None (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: Life

**2. USUAL RESIDENCE OF DECEASED:**

(a) State: Missouri (b) County: Cape Girardeau

(c) City or town: Rural 16 (If outside city or town limits, write "RURAL")

(d) Street No.: Near Arbor 0 (If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No)

If yes, name country: 0

3. (a) PRINT FULL NAME: MARY MEDDA JANE EAKINS

3. (b) If veteran, name war: —

3. (c) Social Security No.: —

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife: Benton Eakins

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

7. Birth date of deceased: March 19, 1878 (Month) (Day) (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 64 | 10 | 6 | hr. min. |

9. Birthplace: Whitewater (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business:

FATHER 12. Name: Henry R. Eakins

FATHER 13. Birthplace: — (City, town, or county) Missouri (State or foreign country)

MOTHER 14. Maiden name: Minna Jane Cruse

MOTHER 15. Birthplace: — (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Benton Eakins

(b) Address: Advance, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan. 26, 1943 (Month) (Day) (Year)

(c) Place: burial or cremation: Fairview Cemetery Near Advance, Mo.

18. (a) Signature of funeral director: Floyd S. Morgan

(b) Address: Advance, Missouri

19. (a) (Date received local registrar) (b) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Jan. day 25 year 1943 hour 3 minute 30 A. M.

21. I hereby certify that I attended the deceased from 19.41, to Jan. 25 19.43 that I last saw her alive on Jan 20 19.43 and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of Stomach

Due to:

Due to:

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

Major findings: Of operations: 46 Pr

Of autopsy:

Duration

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: E. C. Masters Jr. (M. D. or other) D.O.

Address: Advance, Mo. Date signed 2/6/43

1138

(Licensed Embalmer's Statement on Reverse Side)

## 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

Not embalmed, Registered Apprentice No.

working under my personal supervision.

Not Embalmed

Signed Lloyd S. Mason

Licensed Embalmer No.

P. O. Address

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**

. 2B
21-41
X29288

WRITE PLAINLY—USE UNFADING INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 5980

Registration District No. 54 Primary Registration District No. 5187 Registrar's No.

**1. PLACE OF DEATH:**

(a) County: Cape Girardeau

(b) City or town: Rural
(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 years, months or days)

In this community: Life

**2. USUAL RESIDENCE OF DECEASED:**

(a) State: Mo (b) County: Cape Girardeau

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

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

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: Mary M. J. Eakins

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: M

6. (b) Name of husband or wife

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

7. Birth date of deceased: Mch -19- 1878 (Month) (Day) (Year)

8. AGE: Years 64 Months 10 Days 5 If less than one day hr. min.

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

10. Usual occupation: Housewife

11. Industry or business

MOTHER FATHER

12. Name: Henry R. Eakins

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

14. Maiden name: Emma Paul Irvin

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

16. (a) Informant: Benton Eakins

(b) Address: Advance, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan 26 1943 (Month) (Day) (Year)

(c) Place: burial or cremation: Farrenwald Cemetery

18. (a) Signature of funeral director: Radburn W. Floyd S. Morgan

(b) Address: Advance Mo.

19. (a) 4-19-43 (Date received local registrar) (b) A. R. Marks (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Jan day 25 year 1943 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of stomach

Due to

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.

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: E. C. Martin (M. D. or other) DO

Address: Advance, Mo Date signed 2/20/43

SUPPLEMENTARY