S. No. 2
M—9-4-41
5-17-39
X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

6324

State File No.

FILED MAR 1 1943

Registration District No. 1283

Primary Registration District No. 2000

Registrar's No. 160

39
2
6

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

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield
(If outside city or town limits write "RURAL" and name of township)
(c) Name of hospital or institution: Springfield Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene 39 0
(c) City or town Rogersville rural, Washington O.S
(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 Richard Leroy Eddings

3. (b) If veteran, name war None

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife None

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

7. Birth date of deceased June (Month) 16 (Day) 1925 (Year)

8. AGE: Years ✓ 17 Months 8 Days 1 If less than one day hr. min.

9. Birthplace Greene Co. (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Painter

11. Industry or business

FATHER
12. Name Henry Eddings
13. Birthplace Greene Co. (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Unknown McDaniel
15. Birthplace Greene Co. (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Henry Eddings
(b) Address Rogersville Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 21-43 (Month) (Day) (Year)
(c) Place: burial or cremation Hopewell Cemetery

18. (a) Signature of funeral director Kelley-Ferrell
(b) Address Rogersville Mo

19. (a) 2-20-43 (Date received local registrar) (b) Dr W J Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 17 year 1943 hour 12 minute 8 p.M.

21. I hereby certify that I attended the deceased from No Physician since attendance, 19
that I last saw h alive on 19
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Fracture of skull, Basal | 10 min. |
| Due to: Struck by automobile + fall to pavement. | 8 |
| Due to: | |
| Other conditions: Riding bicycle (Include pregnancy within 3 months of death) | 21 |

170c

Major findings: Of operations Collision with pedestrian & Car
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) Accident 133
(b) Date of occurrence Feb. 17, 1943
(c) Where did injury occur? Springfield (City or town) Greene (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place - Street (Specify type of place)
While at work? No (e) Means of injury Automobile

23. Signature Murray C Stone Coroner (M. D. or other)
Address Springfield, Mo 12 Date signed 2-20-43

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(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed H. K. Kelley

Licensed Embalmer No. 3334

P. O. Address Seymour 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.**