

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED MAR 20 1943  
Registration District No. 2

Primary Registration District No. 3045

Registrar's No. 8

67  
1  
2

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

1. PLACE OF DEATH:

(a) County MISSISSIPPI

(b) City or town CHARLESTON  
(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) 15 yrs

In this community.....

2. USUAL RESIDENCE OF DECEASED: MISSISSIPPI 67

(a) State MISSOURI (b) County MISSISSIPPI

(c) City or town Charleston 2  
(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..... 0

3. (a) PRINT FULL NAME GEORGE WILLIAM EULINBURG

3. (b) If veteran, name war no

3. (c) Social Security No. None

4. Sex M

5. Color or race color

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

6. (b) Name of husband or wife L

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

7. Birth date of deceased 9/1/1882  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>60</u>	<u>4</u>	<u>19</u>	.....hr. ....min.

9. Birthplace JACKSON, MO. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation BLACKSMITH

11. Industry or business.....

MOTHER FATHER { 12. Name ARMSTEAD EULINBURG

13. Birthplace MO. 0  
(City, town, or county) (State or foreign country)

14. Maiden name MARY HOLT

15. Birthplace MO. 0  
(City, town, or county) (State or foreign country)

16. (a) Informant ADDIE HAMILTON

(b) Address 506 W COMMERCIAL

17. (a) BURIAL (b) Date thereof 1-23-1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation PAK GROVE

18. (a) Signature of funeral director John P. ...

(b) Address Charleston Mo

19. (a) 3/1/43 (b) L S Moore  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 21<sup>st</sup>  
year 1943 hour 3:40 minute a M.

21. I hereby certify that I attended the deceased from Dec 15 1942 to Jan 21 1943  
that I last saw him alive on Jan 20 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Ventricular Fibrillation D.K.

Due to Myocarditis

Due to.....

Other conditions Streptococcus M. D. K.  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations..... 61

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?

23. Signature L. O. ... (M. D. or other) 0  
Address Charleston Mo Date signed 1/26/43

1257

RECEIVED

District Health Office No. 2,

District File Number 243-339

Date Filed 2-8-43

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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 John F. Nunnallee Jr  
Licensed Embalmer No. 3851  
P. O. Address Charleston 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.**