

V. S. No. 2
FORM 9-4-41
5-17-39
PI X29484

9378

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

ED MAR 16 1943

Registration District No. 1

Primary Registration District No. 3000

Registrar's No. 46

1. PLACE OF DEATH:

(a) County Adair Kirksville

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

(c) Name of hospital or institution 1204 E Illinois St. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community Lifetime (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Adair

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

(d) Street No. 810 N. Franklin
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Susie Dorothy Eades

3. (b) If veteran, name war _____ (c) Social Security No. ✓

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased Nov. 18 1887
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>55</u>	<u>2</u>	<u>18</u>	hr. min.

9. Birthplace Kirksville Mo. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Fruit Store

11. Industry or business Food supply

12. Name Arthur H. Eades

13. Birthplace Kirksville Ill. 1
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Trent

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

16. (a) Informant Mrs. John Johnson

(b) Address Kirksville, Mo.

17. (a) Burial (b) Date thereof Feb 7 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stewellen Court

18. (a) Signature of funeral director Davis Funeral Home

(b) Address Kirksville, Mo.

19. (a) 2/23/43 (b) Mrs. J. H. Wagner
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 5
year 1943 hour 8 minute 4 M.

21. I hereby certify that I attended the deceased from 2 to 2-5 1943
3 1943 to 2-5 1943
that I last saw him alive on 2-5 and that death occurred on the date and hour stated above.

Immediate cause of death carcinoma of liver

Due to _____
Due to _____

Other conditions abdominal ascites
(Include pregnancy within 3 months of death)

Major findings: 46 f

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? _____

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

23. Signature R R Ellis (M. D. or other) _____

Address Kirksville Mo Date signed 2-17-43

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

33-1

33-3

1943

1943

PHYSICIAN

Underline the cause to which death should be charged statistically.

107

RECEIVED

District Health Officer No. 10

District File Number 3-43-579

Date Filed MAR 12 1949

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 Geeth Collier

Licensed Embalmer No. 3632

P. O. Address Subsillo M

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.