

FILED MAY 7 1943

State File No. ....

Registration District No. 32

Primary Registration District No. 5112

Registrar's No. 27

1. PLACE OF DEATH:  
(a) County Bollinger  
(b) City or town Rural Lorance Twp.  
(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 8 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County Bollinger  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Near Marble, Hill  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country: 0

3. (a) PRINT FULL NAME Eva Marie Geib  
3. (b) If veteran, name war: 0 3. (c) Social Security No. 0

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month April day 27  
year 1943 hour I:00 minute 40 A.M.

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Widow  
6. (c) Age of husband or wife if alive: I years 1906 (Year)

21. I hereby certify that I attended the deceased from Apr 24 to Apr 27 1943  
that I last saw her alive on Apr 25 1943  
and that death occurred on the date and hour stated above.

7. Birth date of deceased: Nov I 1906  
(Month) (Day) (Year)

Immediate cause of death: Lobar Pneumonia Duration 5 days

8. AGE: Years 36 Months 5 Days 27  
If less than one day: 0 hr. 0 min.

Due to: Septicemia  
Due to: 108

9. Birthplace: DeSoto Mo.  
(City, town, or county) (State or foreign country)  
10. Usual occupation: Housewife  
11. Industry or business: 0

Other conditions: 0  
(Include pregnancy within 3 months of death)  
Major findings: 108  
Of operations: 0  
Of autopsy: 0

12. Name: Francis M. Williams  
13. Birthplace: Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name: Elizabeth Gardener  
15. Birthplace: Mo.  
(City, town, or county) (State or foreign country)  
16. (a) Informant: Bryant  
(b) Address: Marble Hill, Mo.  
17. (a) Burial (b) Date thereof: 4 - 30 - 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation: Hillsboro, Mo  
18. (a) Signature of funeral director: Baker Funeral Home  
(b) Address: Lutesville, Mo. J.C. Hosh  
19. (a) 5-4-43 (b) Mrs. Geneva Graham  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) 0  
(b) Date of occurrence 0  
(c) Where did injury occur? (City or town) (County) (State) 0  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 0  
While at work? (Specify type of place) 0  
(c) Means of injury: 0  
23. Signature: W.A. Dwyer (M. D. or other) 0  
Address: Marble Hill, Mo Date signed: 5/17/43

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

009

9  
0  
0

MOTHER FATHER

1063

RECEIVED

District Health Officer No. 4

District File Number 543-2175

Date Filed 5-6-43

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 *J. E. Graham*.....

Licensed Embalmer No. 4010

P. O. Address *Lutesville, 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.