S. No. 2
1—9-4-41
5-17-39
1 X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ED JUN 3 1943 128

Registration District No.

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Dr. Fitch. 200½ W. Cpm. 17847

State File No.

Primary Registration District No. 2000

Registrar's No. 359

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2
6

1. PLACE OF DEATH:
(a) County: GREENE
(b) City or town: Springfield, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1714 W.Central
(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): 2 years
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Greene
(c) City or town: Springfield, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No.: 1714 W.Central
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: William Loyal Eoff

3. (b) If veteran, name war: No

3. (c) Social Security No.: No.

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Rosa Lee Eoff

6. (c) Age of husband or wife if alive: 61 years

7. Birth date of deceased: May (Month) 21 (Day) 1877 (Year)

8. AGE: Years 65 | Months 11 | Days 14 | If less than one day ... hr. ... min.

9. Birthplace: ~~Ky~~ Unknown (City, town, or county) Ky. (State or foreign country)

10. Usual occupation: Retired farmer

11. Industry or business:

FATHER
12. Name: James P.Eoff
13. Birthplace: ~~Ky~~ Unknown (City, town, or county) Ky. (State or foreign country)

MOTHER
14. Maiden name: Martha Gooch
15. Birthplace: Unknown (City, town, or county) Ky. (State or foreign country)

16. (a) Informant: Mrs.Rosa Lee Eoff
(b) Address: 1714 W.Central

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 7,1943 (Month) (Day) (Year)
(c) Place: burial or cremation: Patterson Cemetery

18. (a) Signature of funeral director: Dunn Funeral Home
(b) Address: 629 W.Walnut, Springfield, Mo.

19. (a) 5-7-43 (Date received by local registrar) (b) Dr W S Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 5th, day ..., year 1943, hour 9, minute 7 A.M.

21. I hereby certify that I attended the deceased from 4-15, 1943 to 5-5, 1943 that I last saw him alive on 5-4, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Chr. Nephritis — Duration: 2-3 Mo

Due to:

Due to:

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

Major findings:
Of operations:

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

23. Signature: May Eoff (M. D. or other) M.D.
Address: Springfield Mo. Date signed: 5-7-43

(Licensed Embalmer's Statement on Reverse Side)

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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 T. W. Maples

Licensed Embalmer No. 2985

P. O. Address Clever 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.