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5-17-39  
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25817

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED AUG 13 1943  
Registration District No. 270

Primary Registration District No. 4481

Registrar's No. 97

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

1. PLACE OF DEATH:

(a) County Pulaski

(b) City or town Dixon  
(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 \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pulaski

(c) City or town Dixon  
(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 William Barney Eads

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 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 1 14 1872  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

71	5	17	hr. min.
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9. Birthplace Vienna Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Barber

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name William Eads

{ 13. Birthplace Vienna, Missouri  
(City, town, or county) (State or foreign country)

{ 14. Maiden name Elizabeth Finn

{ 15. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. James Eads

(b) Address Dixon, Missouri

17. (a) Burial (b) Date thereof 7/2/1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dixon Cemetery

18. (a) Signature of funeral director Fred H. Gilbert

(b) Address Dixon, Missouri

19. (a) 8-5-43 (b) E. Hasm. D. D. D.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 1  
year 1943 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from Mon. 7-5-, 1943 to July 1st, 1943  
that I last saw him alive on July 1st, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Cardiac End of Stomach to an old ulcer

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) H6P

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 U

23. Signature E. J. Eiden (M. D. or other)

Address Dixon Date signed 7/43

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

1170

RECEIVED

Pulaski County Health Officer

File Number

8-43-96

Date Filed

8-12-43

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.....

working under my personal supervision.

Registered Apprentice No.....

Signed

*Fred W. Gilman*

Licensed Embalmer No. 2341

P. O. Address Dixon, Missouri

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.