

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town SPRINGFIELD
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1236 CONCORD AVE. SPRINGFIELD, MO. MO.
(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 MO. (b) County GREENE
(c) City or town SPRINGFIELD
(If outside city or town limits, write "RURAL")
(d) Street No. 1236 CONCORD AVE. (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT. day 8
year 1943 hour 10 minute 30 A. M.
21. I hereby certify that I attended the deceased from 9-1
1-1, 1943 to 10-8, 1943
that I last saw him alive on 10-2, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Haemorrhage Duration 1 Mo.

Due to: Hypertension Several years.

Due to: _____

Other conditions: Hypertensive Heart Disease 1 year.
(Include pregnancy within 6 months of death)

Major findings: _____
Of operations: _____
Of autopsy: 93d

Duration
1 Mo.
Several years.
1 year.
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? _____ (Specify type of place)
(b) Means of injury _____
23. Signature E. E. [Signature] (M.D. or other) _____
Address Springfield, Mo. Date signed 10-7-43

3. (a) PRINT FULL NAME WALTER LEE EUBANKS

3. (b) If veteran, name war NONE 3. (c) Social Security No. 443-03-8229

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MARY RUTH EUBANKS 6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased July 26 1890 (Month) (Day) (Year)

8. AGE: Years 53 Months 2 Days 12 If less than one day _____ hr. _____ min.

9. Birthplace London Ark (City, town, or county) (State or foreign country)

10. Usual occupation Chief Claim Clerk
W + N. A. R.R. Co.

11. Industry or business _____

12. Name James Franklin Eubanks

13. Birthplace London Ark. (City, town, or county) (State or foreign country)

14. Maiden name Wiley Rose Jackson

15. Birthplace London Ark. (City, town, or county) (State or foreign country)

16. (a) Informant Mary Ruth Eubanks
(b) Address SPRINGFIELD MO.

17. (a) Burial (b) Date thereof 10-11-1943 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Home

18. (a) Signature of funeral director W. Klingner & Co.
(b) Address SPRINGFIELD MO.

19. (a) 10-11-43 (b) E. W. Handley (Date received local registrar) (Registrar's signature)

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

FEB 9 1944

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.....

Roy A. Leavin

Licensed Embalmer No. *1763*

P. O. Address.....

Springfield, 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.

X