

No. 2
1-5-42
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38047

FILED DEC 3 1943

Registration District No. 82

Primary Registration District No. 3017

Registrar's No. 146

1. PLACE OF DEATH:
(a) County COOPER
(b) City or town BOONVILLE MISSOURI
(c) Name of hospital or institution: RAVENSWAY HOSPITAL
(d) Length of stay: In hospital or institution 2 days
In this community 30 days

2. USUAL RESIDENCE OF DECEASED:
(a) State ILLINOIS (b) County COLES 999
(c) City or town MATTOON
(d) Street No.
(e) Citizen of foreign country? (Yes or No) No
If yes, name country.

3. (a) FULL NAME: PRINCE NEST HOMER EAGEY
3. (b) If veteran, name war. 3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month NOV day 16
year 1943 hour 9 minute 9 P. M.
21. I hereby certify that I attended the deceased from NOV 14 1943 to NOV 16 1943
that I last saw him alive on NOV 15 1943
and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or RACE WHITE 6. (a) Single, widowed, married, divorced, 2 WIDOWED
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years

Immediate cause of death: Intestinal obstruction
Duration: 7 Days
Due to...
Due to...
Other conditions: (Include pregnancy within 3 months of death)
4/6

7. Birth date of deceased: 3 (Month) 1 (Day) 1871 (Year)
8. AGE: Years 72 Months 8 Days 15 hr. min.

9. Birthplace: MISSOURI (State or foreign country)
10. Usual occupation: RETIRED

PHYSICIAN: Underline the cause to which death should be charged statistically.
Major findings: Suspect Cancer Colon
Of autopsy...

11. Industry or business
12. Name of FATHER: JOHN EAGEY
13. Birthplace: MISSOURI (State or foreign country)
14. Maiden name: M. McFALL
15. Birthplace: MISSOURI (State or foreign country)

16. (a) Informant: George F. Eager
(b) Address: St. Louis Mo. Ill.
17. (a) REMOVAL (b) Date thereof: 11-18-1943
(c) Place: burial or cremation: PETTICREW CEM.
18. (a) Signature of funeral director: C. Albert Hornbeck
(b) Address: Prairie Home Mo.
19. (a) NOV-18-43 (b) Dr. Chas. Swap. (Registrar's signature)

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
23. Signature: A. T. Meredith (M. D. or other) Seal
Address: Prairie Home Mo. signed 11-17-43

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

MOTHER FATHER

16 CH

Sanitary Officer No. 8,

District File Number _____

Date Filed 12-2-43

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 C. Albert Horinbeck

Licensed Embalmer No. 2714

P. O. Address Praine Home 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.