

ED OCT 25 1943

Registration District No. 207

Primary Registration District No. 5756

Registrar's No. 180

1. PLACE OF DEATH:

(a) County Wesconate
(b) City or town Rural Jefferson 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 16 months
In this community _____ years, months or days (Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:

(a) County Maries
(b) County Maries
(c) City or town Rural
(d) Street No. Jefferson Twp.
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME

Harry John Eden

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 Married
6. (b) Name of husband or wife Barbria Eden
6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased May 23 1887

8. AGE: Years 56 Months 4 Days 14
If less than one day _____ hr. _____ min.

9. Birthplace St. Louis Missouri

10. Usual occupation Farmer

11. Industry or business _____

12. Name John Eden
13. Birthplace Germany
14. Maiden name Charlotte Keltling
15. Birthplace Germany

16. (a) Informant Mrs. Edens
(b) Address Belle, Mo.

17. (a) Burial
(b) Date thereof 10-9-43
(c) Place: burial or cremation Liberty (Belle)

18. (a) Signature of funeral director Sassmann's Funeral Service
(b) Address Belle, Mo.

19. (a) 10/15/43
(b) Erma Bassett

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 7th
year 1943 hour 2 minute 00 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration _____

Due to _____

Due to _____

Other conditions 83a!
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

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? _____

23. Signature [Signature] (Specify type of place) _____
while at work? _____ (e) Means of injury _____

Address Vienna, Mo. (M. D. or other) D. O.
Date signed 10/14/43
Maries County Coroner

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

MOTHER FATHER

NOV 9 1945

OCT 25 1943

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 *Chester S. Sasser*

Licensed Embalmer No. *4178*

P. O. Address *Bland - 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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 207

Primary Registration District No. 5756

Registrar's No. 180

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Rural Jefferson 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 _____ (Specify whether _____)

In this community _____ (Specify whether _____ years, months or days)

3. (a) PRINT FULL NAME Harry John Eden

3. (b) If veteran, name war _____ 3. (c) Social Security No. 496-14-6317

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased _____ (Month) May (Day) 22 (Year) 1917

8. AGE: Years 56 Months 4 Days _____ If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (Burial, cremation, or removal) (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 10-15-23 (Date received local registrar) (b) Erma Bassett (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month _____, Day _____, Year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Duration

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? _____

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

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

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

SUPPLEMENTARY

38682