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M-5-42
7. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2553

State File No.

FILED FEB 1 1944 77

Registration District No.

Primary Registration District No. 3016

Registrar's No. 8

1. PLACE OF DEATH

(a) County Jefferson City Mo
(b) City or town Jefferson City Mo
(c) Name of hospital or institution St. Mary's Hospital
(d) Length of stay: In hospital or institution 5 days
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Marion Mo
(c) City or town Vienna Mo
(d) Street No.
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME LOUISA EADS

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

4. Sex Female 5. Color White 6. (a) Single, widowed, married, divorced, widowed

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

7. Birth date of deceased 10 17 1861
(Month) (Day) (Year)

8. AGE: 82 2 23
Years Months Days If less than one day hr. min.

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

10. Usual occupation Homemaker

11. Industry or business

12. Name John J. Carnes

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

14. Maiden name Mary O. Copeland
15. Birthplace Mo
(City, town or county) (State or foreign country)

16. (a) Informant Virginia Eads
(b) Address Vienna Mo

17. (a) Burial (b) Date thereof 1-11-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director G. Birmingham
(b) Address Vienna Mo

19. (a) Jan 10/44 (b) Thelma Richter
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 10
year 44 hour 4 minute P M.

21. I hereby certify that I attended the deceased from Jan 9 1944 to Jan 10 1944
that I last saw her alive on Jan 10 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Arteriosclerosis

Due to
Due to
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy

Duration
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 J. D. Taylor (M. D. or other)
Address Jefferson City Mo Date signed 1-10-44

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

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 *M. C. Birmingham*

Licensed Embalmer No. *3664*

P. O. Address *Crema M*

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.