

DEPARTMENT OF COMMERCE,
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

6477

FILED FEB 28 1944

Registration District No.

Primary Registration District No. 4924

Registrar's No.

9

1. PLACE OF DEATH:

(a) County Barry
(b) City or town Cassville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Barry County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 week
(Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME Sidney Ella Eaden

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Columbus Eaden 6. (c) Age of husband or wife if alive, years 7
7. Birth date of deceased Feb. 7 1874
(Month) (Day) (Year)

8. AGE: Years 69 Months 11 Days 2 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Frank Bradley
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Susan Ping
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Columbus Eaden
(b) Address Purdy, Missouri

17. (a) Burial (b) Date thereof Jan. 12 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Pleasant Cem.

18. (a) Signature of funeral director Wm. Maria Ryan

(b) Address Wheaton, Mo.

19. (a) Jan 28-1944 (b) Grace Williams
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry
(c) City or town Purdy, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 9th
year 1944 hour 10:45 minute P. M.

21. I hereby certify that I attended the deceased from Jan. 2
1944 to Jan. 9 1944
that I last saw her alive on Jan. 9 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cystadenocarcinoma
of right ovary
Due to Cystadenocarcinoma
of right ovary
Due to Cystadenocarcinoma
of right ovary

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

Major findings:
Of operations

Of autopsy Not done

Duration

1 wk.

about

1 yr.

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) (c) Means of injury

23. Signature Seamus J. Ryan (M. D. or other) M.D.
Address Cassville, Missouri Date signed 2-7-44

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

FEB 28 1944

RECEIVED

District Health Officer No. 6

District File Number 244-281

Date Filed FEB 25 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

Wm Morris Pogue

Licensed Embalmer No.

2442

P. O. Address

Wheaton, N

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.