S. No. 2
M—2-43
5-17-39
1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 14 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6527

Registration District No. 38 | Primary Registration District No. 3006 | Registrar's No. 52

1. PLACE OF DEATH:
(a) County: Boone
(b) City or town: Columbia (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Rural Route 1 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 6 Weeks (Specify whether years, months or days) In this community: 74 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Callaway
(c) City or town: Fulton (If outside city or town limits, write "RURAL")
(d) Street No.: Route 5 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: ROSS BILLINGSLY EUBANK
3. (b) If veteran, name war: None
3. (c) Social Security No.: None
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Lura Selby Eubank
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: 2 (Month) - 20 (Day) - 1870 (Year)
8. AGE: Years 74 | Months 0 | Days 2 | If less than one day: hr. min.
9. Birthplace: Hallsville (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business:
12. FATHER Name: John Eubank
13. FATHER Birthplace: (City, town, or county) Kentucky (State or foreign country)
14. MOTHER Maiden name: Emisette Forrest
15. MOTHER Birthplace: (City, town, or county) Kentucky (State or foreign country)
16. (a) Informant: Mrs. Leon Iren
(b) Address: Route 1, Columbia, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2-24-44 (Month) (Day) (Year)
(c) Place: burial or cremation: Millers Creek Cemetery
18. (a) Signature of funeral director: Baron Funeral Service
(b) Address: Columbia, Mo.
19. (a) 3-1-'44 (Date received local registrar) (b) Edna H Barker (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 22 year 1944 hour 10:30 minute A. M.
21. I hereby certify that I attended the deceased from Jan 10 1944 to Feb 22 1944 that I last saw him alive on Feb 10 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis + Bronchio Pneumonia — Duration
Due to: Bronchial Asthma
Due to:
Other conditions (Include pregnancy within 3 months of death): 93e1
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? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: Lloyd Simpson (M. D. or other)
Address: Columbia Mo Date signed 2-26-44

(Licensed Embalmer's Statement on Reverse Side)

MAR 16 1944

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 3-13-44

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 Chas. L. Burns

Licensed Embalmer No. 4132

P. O. Address Columbia, 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.