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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 2 1944

Registration District No. 209

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3043

State File No. 7761

Registrar's No. 79

1. PLACE OF DEATH:

(a) County: MARION

(b) City or town: HANNIBAL
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: LEVERING HOSPITAL O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 5 DAYS (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: MISSOURI (b) County: RALLS. 87

(c) City or town: JASPER TWP (RURAL) 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? NO. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: EULAH BELLE WATERS

3. (b) If veteran, name war:

3. (c) Social Security No. NONE

4. Sex: F

5. Color or race: W

6. (a) Single, widowed, married, divorced: SINGLE

6. (b) Name of husband or wife:

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

7. Birth date of deceased: NOV (Month) 26 (Day) 1888 (Year)

8. AGE: Years 55 Months 2 Days 5 If less than one day hr. min.

9. Birthplace: RALLS CO. (City, town, or county) MO O (State or foreign country)

10. Usual occupation: HOUSE KEEPER

11. Industry or business:

MOTHER FATHER

12. Name: TIMOTHY WATERS

13. Birthplace: RALLS CO. (City, town, or county) MO O (State or foreign country)

14. Maiden name: EMILY LITER

15. Birthplace: RALLS CO. (City, town, or county) MO O (State or foreign country)

16. (a) Informant: Lee Waters

(b) Address: Vandalia, Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: FEB 1 1944 (Month) (Day) (Year)

(c) Place: burial or cremation: VANDALIA, MO.

18. (a) Signature of funeral director: W. J. Waters

(b) Address: Vandalia, Mo.

19. (a) 2/24/44 (Date received by local registrar) (b) R. O'Connor (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN 30 day year 1944 hour 2 minute 45 P.M.

21. I hereby certify that I attended the deceased from JAN 25, 1944 to JAN 30, 1944 that I last saw her alive on JAN 30, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Encephalitis — acute	2 wks
Due to: Followed severe herpes zoster of forehead + scalp	6 wks
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? (Specify type of place)

While at work:

(e) Means of injury: —

23. Signature: Howard Sudick (M. D. or other) MD

Address: Hannibal, Mo. Date signed: 2-19-44

1146

(Licensed Embalmer's Statement on Reverse Side)

MAR 9 1944

MAR 2 2 1944

MAR 10 1944

MAR 8 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 W. S. Yates

Licensed Embalmer No. 4298

P. O. Address Vandalia 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.