

FILED APR 8 1944

Registration District No. 79

Primary Registration District No. 5175

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Camden
(b) City or town Rural Russell Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 1 1/2 yrs years, months or days

3. (a) PRINT FULL NAME Henry Wayne Eidson

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

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

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

7. Birth date of deceased Oct 18th 1942
(Month) (Day) (Year)

8. AGE: Years 1 Months 4 Days 14 If less than one day _____ hr. _____ min.

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

10. Usual occupation none

11. Industry or business _____

MOTHER FATHER { 12. Name William Darsey Eidson
13. Birthplace Camden MO
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Bernice Amanda Stollen
15. Birthplace Barnett MO
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Jossey Eidson
(b) Address Macks Creek MO

17. (a) Burial (b) Date thereof 3-3-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Parade Ground Cemetery

18. (a) Signature of funeral director A. R. Eidson
(b) Address Macks Creek MO

19. (a) 3-4-1944 (b) Mrs. A. R. Jackson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Camden
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D #1 Macks Creek Mo
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2nd
year 1944 hour 5 minute 30 p. 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 Unborn
Had no attending physician
Fell from Baby Crib and

Due to died instantly

Due to _____

Other conditions 180a
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) D.A.I.

(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 Mrs. A. R. Jackson (M.D. or other)
Address Clay Springs Mo Date signed 3-4-44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

DATE OF DEATH

3-44-448

4-7-44

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.