

S. No. 2
DM-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11495
Registrar's No. 94

FILED APR 8 1944
Registration District No. 20144

Primary Registration District No. 3043

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

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
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion

(c) City or town Hannibal
(If outside city or town limits, write "RURAL")

(d) Street No. 1202 Fulton
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John Lawrence Eades

3. (b) If veteran, name war _____

3. (c) Social Security No. 490-07-7491

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Violet Pearl

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

7. Birth date of deceased November 29, 1904
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>39</u>	<u>3</u>	<u>7</u>	hr. _____ min. _____

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

10. Usual occupation Foreman Rubber Plant

11. Industry or business International Shoe Company

MOTHER FATHER

12. Name Marvin Eades

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

14. Maiden name Pearl Cook

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

16. (a) Informant Mrs. J. L. Eades

(b) Address 1202 Fulton

17. (a) Burial (b) Date thereof 3/8/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery Palmyra

18. (a) Signature of funeral director Tom M. Smith

(b) Address 902 Broadway Hannibal Missouri

19. (a) 3/8/44 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6
year 1944 hour 12 minute 07 P. M.

21. I hereby certify that I attended the deceased from April 14, 1943 to March 6, 1944,
that I last saw him alive on March 6, 1944,
and that death occurred on the date and hour stated above.

Immediate cause of death

Carcinoma of left testis 11 mo -
Several metastases 3 mo

Due to _____

Due to _____

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

Major findings: Carcinoma of left testis

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? _____

While at work _____ (Specify type of place) _____
(Specify means of injury)

23. Signature [Signature] (M. D. or other) _____
Address Hannibal Mo Date signed 3-7-44

1146

(Licensed Embalmer's Statement on Reverse Side)

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.....

..... George T. Bond, Registered Apprentice No. 350,
working under my personal supervision.

Signed..... *Wm. M. Smith*

Licensed Embalmer No. 1204

P. O. Address Hannibal Missouri

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.