. S. No. 2
0M—2-43
. 5-17-39
-1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11939

FILED MAR 28 1944

Registration District No. 31

Primary Registration District No. 6075

Registrar's No. 421

94
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1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Farmington RURAL St. Francois
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mo. State Hospital No. 4 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 yr. 7 mos. 10 das. (Specify whether years, months or days)
In this community

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

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3. (a) PRINT FULL NAME MARY CHRISTINE EAKER

3. (b) If veteran, name war No

3. (c) Social Security No. Unknown

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Frederick Eaker

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

7. Birth date of deceased December (Month) 20, (Day) 1859 (Year)

8. AGE: Years 84 Months 2 Days 7 If less than one day hr. min.

9. Birthplace Bollinger Co., (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER
12. Name William H. Gaines
13. Birthplace (City, town, or county) Georgia (State or foreign country)
14. Maiden name Hofming
15. Birthplace (City, town, or county) Virginia (State or foreign country)

16. (a) Informant Records State Hospital No. 4
(b) Address Farmington, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-1-44 (Month) (Day) (Year)
(c) Place: burial or cremation Paramount Cem., Cape Girardeau, Mo.

18. (a) Signature of funeral director Miller Funeral Home
(b) Address Farmington, Mo.

19. (a) 3-3-1944 (Date received local registrar) (b) Byndra Buhrmester (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 27 year 1944 hour 6 minute 30 A. M.

21. I hereby certify that I attended the deceased from April 1, 1943, 19..., to February 27, 1944; that I last saw her alive on February 27, 1944, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral arteriosclerosis — Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

97

Major findings:
Of operations

Of autopsy No 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 0

23. Signature [illegible] (M. D. or other) [illegible]
Address 408 W. First Date signed 3-1-44

11,96

(Licensed Embalmer's Statement on Reverse Side) Farmington, Mo.

RECEIVED

District Health Officer No. 4

District File Number 344-358

Date Filed 3-27-44

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 Earl J. Miller

Licensed Embalmer No. 3752

P. O. Address Farmington, 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.