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35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 24 1944

Registration District No. 7

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 55-93473

State File No. 17903

Registrar's No. 42

1. PLACE OF DEATH:
(a) County: Douglas
(b) City or town: Ava — Township: Benton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community ____

2. USUAL RESIDENCE OF DECEASED: 34
(a) State: Missouri (b) County: Douglas
(c) City or town: Ava (If outside city or town limits, write "RURAL") 0
(d) Street No. ____ (If rural, give location)
(e) Citizen of foreign country? ____ (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME: Joann Eddings
3. (b) If veteran, name war ____
3. (c) Social Security No. None
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: John M. Eddings
6. (c) Age of husband or wife if alive: 74 years
7. Birth date of deceased: February 28 1871 (Month) (Day) (Year)
8. AGE: Years 72 Months 11 Days 4 If less than one day ____ hr. ____ min.
9. Birthplace: Ozark County, Missouri 0 (City, town, or county) (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business ____
MOTHER FATHER
12. Name: S. C. Herndon
13. Birthplace: Unknown 9 (City, town, or county) (State or foreign country)
14. Maiden name: Lucinda Phillpot
15. Birthplace: Webster County, Mo. 0 (City, town, or county) (State or foreign country)
16. (a) Informant: J. M. Eddings
(b) Address: Ava, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2-9-44 (Month) (Day) (Year)
(c) Place: burial or cremation: Fannen
18. (a) Signature of funeral director: Clinkingbeard Funeral Home
(b) Address: Ava, Missouri
19. (a) 5-1-1944 (Date received local registrar) (b) Mrs. J. R. Spurlock, Deputy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 2 year 1944 hour 10 minute 30P. M.
21. I hereby certify that I attended the deceased from Feb. 2, 1944, to Feb. 2, 1944, that I last saw him alive on Feb. 2, 1944, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: angina pectoris	
Due to:	
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: Dr. C. C. Harlan (M.D. or other) D.O.
Address: Ava Mo Date signed 1-5-44

1056

(Licensed Embalmer's Statement on Reverse Side)

Dr. E. E. Hamlin

RECEIVED
District Health Officer No. 6,
District File Number 544-587
Date Filed MAY 17 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 B Hutchison

Licensed Embalmer No. 3431

P. O. Address Ora Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.