

FILED JUL 20 1944
Registration District No. **107**

Primary Registration District No. **5404**

Registrar's No. **62**

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo. #00000000** (b) County **Douglas 34**
(c) City or town **Ava Rural** (If outside city or town limits, write "RURAL") **0**
(d) Street No. **Route 1** (If rural, give location) **0**
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ **0**

3. (a) PRINT FULL NAME **Lillian May Eagleston**

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 **Widowed**
6. (b) Name of husband or wife **Hermon Eagleston** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **May 19, 1871**
(Month) (Day) (Year)

8. AGE: Years **73** Months **1** Days **4** If less than one day
hr. _____ min. _____

9. Birthplace **----- Pennsylvania Ill.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Homemaker**

11. Industry or business _____

MOTHER FATHER
12. Name **William S. Smith,**
13. Birthplace **Pennsylvania**
(City, town, or county) (State or foreign country)
14. Maiden name **Elizabeth Cole**
15. Birthplace **Illinois**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Eagleston**
(b) Address **Route 1, Ava, Missouri**
17. (a) **Burial** (b) Date thereof **6-25-44**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Ava**

18. (a) Signature of funeral director **Clinkingbeard Funeral Home**
(b) Address **Ava, Missouri**

19. (a) **7-1-1944** (b) **Mrs. J. B. Spurlink**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **23**
year **1944** hour **5** minute **38 A.** M.

21. I hereby certify that I attended the deceased from **June 11**, 19**44**, to **June 18**, 19**44**;
that I last saw h. **E.B.** alive on **June 18**, 19**44**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral of The Lung** Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 5 months of death) **12481**

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 **D. C. T. Haulan** (M. D. or other) **OO**
Address **Ava Mo** Date signed **6-27-44**

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

1006

RECEIVED

District Health Officer No. 6,

District File Number 744-804

Date Filed JUL 13 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 Area 220

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.