

Primary Registration District No. 5901

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

1800

**1. PLACE OF DEATH:**  
 (a) County Permeat  
 (b) City or town Netherlands (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  
 In this community life years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Permeat **78**  
 (c) City or town Rural **0**  
(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** LOIS CURLENE EUBANKS

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

4. Sex ♀ 5. Color of race White 6. (a) Single, widowed, married, divorced 0

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

7. Birth date of deceased: Aug 18 44  
(Month) (Day) (Year)

| 8. AGE: |          |      | If less than one day |
|---------|----------|------|----------------------|
| Years   | Months   | Days |                      |
|         | <u>3</u> |      | _____ hr. _____ min. |

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name James Eubanks

13. Birthplace Wardell Mo. 0  
(City, town, or county) (State or foreign country)

14. Maiden name Agnes K. Lissen

15. Birthplace Netherlands Mo. 0  
(City, town, or county) (State or foreign country)

16. (a) Informant James Eubanks

(b) Address Netherlands

17. (a) Oct. 23 44 (b) Date thereof Oct. 22 44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Partanville Mo.

18. (a) Signature of funeral director Wardell Funeral Home

(b) Address Wardell Mo.

19. (a) 11-5-1944 (b) J. J. Johnson  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Oct day 22nd  
year 1944 hour 1 minute 0 P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw her alive on 10-20, 1944;  
and that death occurred on the date and hour stated above.

Immediate cause of death Enterocolitis of intestine

Due to \_\_\_\_\_ 1190  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_  
**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)  
(e) Means of injury \_\_\_\_\_

23. Signature J. L. Masterson (D. of other)  
Address Wardell Mo. Date signed 10-24-44

1527

10-4A-263

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.....

*not*

....., Registered Apprentice No.....  
working under my personal supervision.

Signed..... *Noel C. Dean* .....

Licensed Embalmer No... *3941* .....

P. O. Address... *Postageville* .....

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.