

Registration District No. \_\_\_\_\_ Primary Registration District No. **4159**

**1. PLACE OF DEATH:**  
(a) County **Davies**  
(b) City or town **Pattonburg**  
(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) **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** (b) County **Warren** **31**  
(c) City or town **Pattonburg** **mo 2**  
(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 \_\_\_\_\_ **0**

**3. (a) PRINT FULL NAME** **Permelia Frances Eade**  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **nov** day **30** year **1944** hour **10** minute **30** A.M.  
**21. I hereby certify that I attended the deceased from** **no** **27** **1944** **to** **nov 30** **1944**  
that I last saw him **alive** on **nov 30** **1944**  
and that death occurred on the date and hour stated above.  
Immediate cause of death \_\_\_\_\_

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, divorced, **married**  
6. (b) Name of husband or wife **Robert Eade** 6. (c) Age of husband or wife if alive **85** years  
7. Birth date of deceased **Doe** (Month) **22** (Day) **1862** (Year)

Due to **Pneumonia**  
Due to **10911**  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

**8. AGE:** Years **81** Months **11** Days **18** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

**9. Birthplace** **Lincoln Co MO** (City, town, or county) (State or foreign country)

**10. Usual occupation** **House wife**

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

**MOTHER FATHER**  
12. Name **Joshua Tye**  
13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)  
14. Maiden name **Elizabeth Miller** (City, town, or county) (State or foreign country)  
15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

**16. (a) Informant** **R.W. Eade**

**(b) Address** **Pattonburg MO**

**17. (a)** **Burial** (b) Date thereof **12-3-44**  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** **S.O.F.**

**18. (a) Signature of funeral director** **J. J. ...**

**(b) Address** **Pattonburg MO**

**19. (a)** **12-5-44** (b) **J. J. ...**  
(Date received local registrar) (Registrar's signature)

**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** **John J. ...** (M. D. or other) \_\_\_\_\_  
**Address** **Pattonburg** **Date signed** **12/3/44**

**Duration**  
**PHYSICIAN**  
Underline the cause to which death should be charged statistically.

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

**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 ES Granger

Licensed Embalmer No. 2857

P. O. Address Pattersonburg 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.**