S. No. 2
M—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

39090

State File No.

FILED DEC 7 1944

Registration District No. 369 Primary Registration District No. 4538 Registrar's No. 41

1. PLACE OF DEATH:

(a) County Wayne
(b) City or town Piedmont
(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 39 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wayne 111
(c) City or town Piedmont, 1
(If outside city or town limits, write "RURAL") 0
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country U

3. (a) PRINT FULL NAME Ella Ellen Eads
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife Jule Eads
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March (Month) 4 (Day) 1867 (Year)

8. AGE:	Years	Months	Days	If less than one day
	77	7	24	hr. min.

9. Birthplace (City, town, or county) Mo. (State or foreign country) 0
10. Usual occupation Housewife
11. Industry or business Home
FATHER
12. Name unknown
13. Birthplace unknown (City, town, or county) (State or foreign country) 9
MOTHER
14. Maiden name
15. Birthplace unknown (City, town, or county) (State or foreign country) 9
16. (a) Informant John Waller
(b) Address Piedmont, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 29 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Mill Creek- Millspring
18. (a) Signature of funeral director [signature]
(b) Address Piedmont Mo.
19. (a) Nov. 8 1944 (Date received local registrar) (b) Mrs. Lottie Manns (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 28
year 1944 hour 10:00 minute A M.
21. I hereby certify that I attended the deceased from 10-26- 1944 to 10-28- 1944
that I last saw her alive on 10-26- 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pneumonia Influenza and Aortic Stenosis.	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 92a	
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 T. C. Pilgs (M. D. or other) 0
Address Piedmont Mo. Date signed 11-3-1944

1103

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 4
District File Number 1244-4599
Date Filed 12-5-44

DEC 8 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 Norman W. Grah

Licensed Embalmer No. 5287

P. O. Address Piedmont 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.