

FILED MAY 11 1945
Registration District No. 25185

Primary Registration District No. 2001

19
2
5
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Casper Co., Mo.

(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Johns 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 weeks
(Specify whether _____)

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Cherokee ⁹⁹¹

(c) City or town Barter Springs, Kans ¹⁴
(If outside city or town limits, write "RURAL")

(d) Street No. 805 Cherokee
(If rural, give location)

(e) Citizen of foreign country? no 2 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME RICHARD BAXTER EDDY

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

4. Sex M D 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased Oct. 15 1863
(Month) (Day) (Year)

8. AGE: Years 81 Months 6 Days 3 If less than one day _____ hr. _____ min.

9. Birthplace Eminence Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

12. Name unknown

13. Birthplace unknown G
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown G
(City, town, or county) (State or foreign country)

16. (a) Informant John H. Eddy

(b) Address Barter Springs, Kans.

17. (a) Reburial (b) Date thereof 4-20-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pittsburg, Kans.

18. (a) Signature of funeral director D. Kasher

(b) Address Barter Springs, Kansas

19. (a) 4-20-45 (b) Arthur D. Dethlefs
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 18
year 1945-9 hour 45 minute A M.

21. I hereby certify that I attended the deceased from Jan 4
_____, 19____, to 4-18, 1945

that I last saw him alive on 4-17, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Coronary Occlusion 10 min

Due to Hypertensive Cardio-

vascular disease 10 gm

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations A 40

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:

(c) 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 H. Bogan (M. D. or other) MD

Address Barter Springs, Kans Date signed 4-17-45

45-4-333

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

John A. Schoeneman

Registered Apprentice No.

working under my personal supervision.

Signed

John A. Schoeneman

Licensed Embalmer No. *1443 Kansas*

P. O. Address. *Galena, Kansas*

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.