

S. No. 2
M-8-43
5-17-39
X37823

34802

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 15 1945
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 333

Primary Registration District No. 3074

Registrar's No. 82

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

1. PLACE OF DEATH:
 (a) County Scott
 (b) City or town Sikeston
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Sikeston General Hosp
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 day (Specify whether
 In this community _____
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County New Madrid
 (c) City or town Marchaux
(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 _____

3. (a) PRINT FULL NAME WILLIAM THOMAS EALY
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Oct day 19
 year 1945 hour 12 minute 10 P. M.
 21. I hereby certify that I attended the deceased from 10-11
 1945 to 10-19 1945
 that I last saw him alive on 10-19 1945
 and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Bertha 6. (c) Age of husband or wife if alive 62 years
 7. Birth date of deceased Sept 3 1865
(Month) (Day) (Year)

Immediate cause of death Coronary Thrombosis
 Duration 1 month

8. AGE: Years Months Days If less than one day
80 1 16 hr. _____ min.

Due to _____
 Due to _____
 Other conditions (include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy 940

9. Birthplace Ill 1
(City, town, or county) (State or foreign country)
 10. Usual occupation Common Laborer
 11. Industry or business _____
 MOTHER FATHER { 12. Name Phillip Ealy
 13. Birthplace Ill 9
(City, town, or county) (State or foreign country)
 14. Maiden name D.K.
 15. Birthplace Ill 9
(City, town, or county) (State or foreign country)
 16. (a) Informant Edward Ealy
 (b) Address Mattoon Ill
 17. (a) removal (b) Date thereof 10-20-45
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Mattoon Ill
 18. (a) Signature of funeral director Weld Funeral Home
 (b) Address Sikeston Mo
 19. (a) 10-31-45 (b) Wm. H. Henry
(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 Wm. Dano M.D.
 Address Marchaux Mo Date signed 10-19-45

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

RECEIVED

District Health Office No. 2,

District File Number 1145-3186

Date Filed 11-3-45

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 _____

Raymond Crews

Licensed Embalmer No. 3467

P. O. Address _____

Sikeston 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.