

FILED JAN 3 1946

State File No. _____

Registration District No. 207

Primary Registration District No. 4318

Registrar's No. 777

1. PLACE OF DEATH:

(a) County Maries
(b) City or town Vienna, Mo.
(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 _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Maries 63
(c) City or town Vienna, Mo. 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Gustavis Eads

20. DATE OF DEATH: Month Dec. day 4
1945 year hour 8 minute 45 p M.

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

21. I hereby certify that I attended the deceased from August 31
1944, to December 4, 1945;
that I last saw him alive on December 4, 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

Immediate cause of death Prostatic Hyper-trophy. Duration _____

6. (b) Name of husband or wife Betty Shockley Eads 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Feb. 4 1875
(Month) (Day) (Year)

8. AGE: Year 70 Months 10 Days 0 If less than one day
hr. _____ min. _____

9. Birthplace Maries County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name George W. Eads

13. Birthplace Maries County Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Francis Simpson

15. Birthplace Maries County Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Francis Robertson

(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof Dec. 6, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hugh's Chappel

18. (a) Signature of funeral director [Signature]

(b) Address Vienna, Mo.

19. (a) 12-13-45 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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

Major findings: Of operations _____

Of autopsy _____

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 2

23. Signature [Signature] (M. D. or other) D. O.

Address Vienna, Missouri Date signed 12/12/45

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

MOTHER, FATHER

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 1-2-45

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 W. B. Birmingham

Licensed Embalmer No. 3664

P. O. Address Birmingham

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.