

FILED APR 10 1946 **STANDARD CERTIFICATE OF DEATH**

State File No. **9217**

Registration District No. **140**

Primary Registration District No. **4229**

Registrar's No. **3**

15
30

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

1. PLACE OF DEATH:

(a) County Howard

(b) City or town New Franklin Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
East Broadway 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 43 Years
(Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard

(c) City or town New Franklin Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

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

3. (a) PRINT FULL NAME Ella Eaton

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 13 day March
year 1946 hour 11 minute 25 P M.

4. Sex Female 5. Color or race white

6. (a) Single, widowed, married, divorced 2 Widowed

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

7. Birth date of deceased: Jan 10 1859
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Mar 11 1946 to Mar 13 1946
that I last saw her alive on Mar 13 1946
and that death occurred on the date and hour stated above.

8. AGE: Years 87 Months 2 Days 10 If less than one day
hr. _____ min. 0

Immediate cause of death: myocarditis unknown

Due to Serumility

Due to _____

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

Other conditions: Influenza 10 days
(Include pregnancy within 3 months of death)

10. Usual occupation At Home

11. Industry or business _____

12. Name James R. Shepard

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

14. Maiden name Betty Diggs

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

16. (a) Informant _____

(b) Address New Franklin, Mo.

17. (a) Burial (b) Date thereof 3-15-'46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Freight mo.

18. (a) Signature of funeral director E. S. Newman

(b) Address New Franklin Mo.

19. (a) 4-1-46 (b) Ma Lee Bourneau
(Date received local registrar) (Registrar's signature)

Major findings:
Of operations none

Of autopsy none 9:30

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 0

23. Signature E. L. Chamberlain (M. D. or other)

Address New Franklin Date signed 3-14-46

123

ms

46

RECEIVED

District Health Officer No. *B*

District File Number.....

Date Filed *4-9-46*

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 *L.H. Hall*

Licensed Embalmer No. *3515*

P. O. Address *New Franklin, N.C.*

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.