

FILED JUL 11 1946

Registration District No. 316

Primary Registration District No. 6075

Registrar's No. 200

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town Farmington RURAL St. Francois
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri State Hospital No. 42
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 yr. 10 mos. 5 das.
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carter 94
(c) City or town Ellsinore 0
(If outside city or town limits, write "RURAL")
(d) Street No. Unknown 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME ANNA PARLEE EDDINGTON

3. (b) If veteran, name war No 3. (c) Social Security No. None

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

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

7. Birth date of deceased June 2, 1890
(Month) (Day) (Year)

8. AGE: Years 56 Months 0 Days 10 If less than one day, hr. min.

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

10. Usual occupation House work

11. Industry or business _____

12. Name John Wesley Eddington

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

14. Maiden name Rhoda Jane Roark

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

16. (a) Informant Records State Hospital No. 4

(b) Address Farmington, Missouri

17. (a) Burial (b) Date thereof 6-13-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Harmony Cem., Ellsinore, Mo.

18. (a) Signature of funeral director Black's Mortuary

(b) Address Corning, Arkansas

19. (a) 6-17-46 (b) Ether Rudloff
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12
year 1946 hour 5 minute 10 A. M.

21. I hereby certify that I attended the deceased from April 19, 1946 19____ to June 12, 1946 19____
that I last saw her alive on June 12, 1946 19____
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Maniacal Exhaustion

Due to Epileptic Seizure

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

Major findings: Of operations _____

Of autopsy No autopsy

Duration
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? _____

While at work? (Specify type of place) _____ (e) Means of injury _____

23. Signature George H. Russ (M. D. or other) MD

Address Farmington Mo Date signed 6-17-46

289 (Licensed Embalmer's Statement on Reverse Side)

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

201-20

RECEIVED

District Health Officer No. 4
District File Number 746-2355
Date Filed 7-10-46

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 R. J. Selig Jr.
Licensed Embalmer No. 562
P. O. Address Corning Ark

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.