

FILED AUG 9 1946

Registration District No. **144**

Primary Registration District No. **5563**

Registrar's No. **5**

1. PLACE OF DEATH:

(a) County **Iron**
(b) City or town **Rural, Liberty**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1 mile south of Chloride
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3**
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Iron**
(c) City or town **Glover**
(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

Bifton Victor Eudy

3. (b) If veteran, name war **no**

3. (c) Social Security No. **none**

4. Sex **0** male 5. Color or race **white** 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 **Dec. 12 1941**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
4 7 12 hr. min.

9. Birthplace **Annapolis Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **none**

11. Industry or business _____

MOTHER FATHER {
12. Name **Everette Eudy**
13. Birthplace **Reynolds Co. Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Bessie Jackson**
15. Birthplace **Annapolis Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Bessie Eudy**

(b) Address **Glover Mo.**

17. (a) **burial** (b) Date thereof **7- -46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Chloride Mo.**

18. (a) Signature of funeral director **Norman White & Sons**

(b) Address **Ironton Missouri**

19. (a) **7-7-46** (b) **Mrs. Avis Jones**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **4** year **1946** hour **5:15** minute **P.** M.

21. I hereby certify that I attended the deceased from **1 P.M. to 5:15 P.M. A.D.V.E.**, 19____, that I last saw h_____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death **Asphyxiation** Duration _____

Due to **(Accidental drowning in Big Creek about one mile south of Chloride, Iron County, Mo.)**

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

Major findings:
Of operations _____

Of autopsy **143-3 24**

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) **Accident** **47**
(b) Date of occurrence **7/4/46**
(c) Where did injury occur? **Rural Iron Mo.**
(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 **Boat**
23. Signature **Edgar P. Landrum** (City or town) **Iron County, Mo.**
Address **Ironton Mo.** 2 Date signed **7/4/46**

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

RECEIVED

Health Officer No. 4
File Number 846-2435
Date Filed 8-8-46

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 Carole White
Licensed Embalmer No. 3012
P. O. Address Porter, Ind.

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.