

Registration District No. **238**

Primary Registration District No. **5828**

Registrar's No. **164**

1. PLACE OF DEATH:

(a) County **New Madrid**
(b) City or town **Rural**
(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.....
In this community **4 years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Willie Eubanks**

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

4. Sex **M** 5. Color or race **C** 6. (a) Single, widowed, married, divorced **M**

6. (b) Name of husband or wife **Exie Eubanks** 6. (c) Age of husband or wife if alive **33** years

7. Birth date of deceased **25** (Month) **24** (Day) **1901** (Year)

8. AGE: Years **45** Months **5** Days **21** If less than one day hr. min.

9. Birthplace **Scoba** **Miss.** (City, town, or county) (State or foreign country)

10. Usual occupation **Farming**

11. Industry or business **W.O. Barnett**

12. Name **Nelson Eubanks**

13. Birthplace **Scoba** **Miss.** (City, town, or county) (State or foreign country)

14. Maiden name **Annie Gillispie**

15. Birthplace **Scoba** **Miss.** (City, town, or county) (State or foreign country)

16. (a) Informant **J.C. Eubanks**

(b) Address **Canalou, Mo. Gen'l Del.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **8/18/46** (Month) (Day) (Year)

(c) Place: burial or cremation **Sikeston, Mo.**

18. (a) Signature of funeral director **H.W. Albritton**

(b) Address **Sikeston, Mo.**

19. (a) **9-12-46** (Date received local registrar) (b) **Nelson Louis Jones** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **New Madrid** 72
(c) City or town **Rural** 0
(If outside city or town limits, write "RURAL")
(d) Street No..... (If rural, give location) 0
(e) Citizen of foreign country? **no** (Yes or No) 0
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **8** day **15** year **1946** hour **10** minute **30** a. M.

21. I hereby certify that I attended the deceased from **8-15** 19**46** to **8-15** 19**46** that I last saw h^e alive on **8-15** 19**46** and that death occurred on the date and hour stated above.

Immediate cause of death **Acute myocarditis** Duration **1 hr**

Due to.....
Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **93A**
Of autopsy.....
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) (c) Means of injury.....
23. Signature **Am. Lewis, M.D.** (M. D. or other)
Address **Marion, Mo.** Date signed.....

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

MOTHER FATHER

216

RECEIVED

District Health Office No. 2,

District File Number 946-1134

Date Filed 9-12-46

6551 52 813-1

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.....

.....Embalmed....., Registered Apprentice No.....
working under my personal supervision.

Signed.....John Allerton.....

Licensed Embalmer No.....2941.....

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.