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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED DEC 16 1946**  
Registration District No. 343

THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

State File No. 389851  
Registrar's No. \_\_\_\_\_

Primary Registration District No. 6154

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

**1. PLACE OF DEATH:**  
(a) County Stoddard  
(b) City or town East Burlington, (Buchland)  
(If outside city or town limits, write "RURAL" and name of township)  
(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 BOLLINGER  
(c) City or town RURAL  
(If outside city or town limits, write "RURAL")  
(d) Street No. NEAR LUTESVILLE  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** JONAS ANDREW EAKER  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

**MEDICAL CERTIFICATION**  
20. **DATE OF DEATH:** Month Nov. day 21<sup>ST</sup>  
year 1946 hour 5:00 minute 30 P. M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

4. Sex M. I. 5. Color or race W.  
6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife LOTHA DELLA EAKER  
6. (c) Age of husband or wife if alive 57 years  
7. Birth date of deceased SEPT 2 1888  
(Month) (Day) (Year)

Immediate cause of death unavoidable accident due to three car collision, verdict of coroner's jury.  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

8. **AGE:** Years 58 Months 2 Days 19  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_  
9. Birthplace BOLLINGER Co. Mo. 0  
(City, town, or county) (State or foreign country)

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

10. Usual occupation FARMER  
11. Industry or business \_\_\_\_\_  
12. Name HAYES EAKER  
13. Birthplace BOLLINGER Co. Mo. 0  
(City, town, or county) (State or foreign country)  
14. Maiden name SUSIE FRANCIS  
15. Birthplace BOLLINGER Co. Mo. 0  
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) accident 103  
(b) Date of occurrence Nov 21 1946  
(c) Where did injury occur? near Burlington Stoddard, Mo.  
(City, town, or county) (State)  
(d) Did injury occur in or about home, on farm, or industrial place, in public place?  
Mo. Public Highway  
While at work? No. Means of injury Car accident

16. (a) Informant CHAUDE A. EAKER  
(b) Address MOREHOUSE, Mo.  
17. (a) BURIAL (b) Date thereof 11-24-46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation BAKER CEM. LUTESVILLE, Mo.  
18. (a) Signature of funeral director BAKER FUNERAL HOME  
(b) Address LUTESVILLE Mo.  
19. (a) 12-7-46 (b) Kati Hanley  
(Date received local registrar) (Registrar's signature)

23. Signature Dexter, Mo. (M.D. or other) Cor. 3  
Address \_\_\_\_\_ Date signed 11-22-46

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(Licensed Embalmer's Statement on Reverse Side)

DEC 19 1946

RECEIVED

District Health Office No. 2

District File Number 1246-14

Date Filed 12-9-46

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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 J. C. Graham

Licensed Embalmer No. 4010

P. O. Address Louisville, 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.