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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 11 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 653

Registration District No. 98 Primary Registration District No. 5370 Registrar's No. 17

1. PLACE OF DEATH:
(a) County Daviess County
(b) City or town "Rural" Union Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 6 Miles S. E. Gallatin
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Daviess
(c) City or town "Rural" Union Twp.
(If outside city or town limits, write "RURAL")
(d) Street No. 6 Miles S.E. Gallatin
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Grace Ellen Eads
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife C. I. Eads
6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased Sept. (Month) 13 (Day) 1884 (Year)
8. AGE: Years 62 Months 4 Days 6 If less than one day hr. min.
9. Birthplace Daviess County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business Own Home

FATHER
12. Name John Nichols
13. Birthplace Unknown (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Belle Snyder
15. Birthplace Unknown (City, town, or county) Ohio (State or foreign country)

16. (a) Informant C. I. Eads
(b) Address Gallatin, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-21-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Prarie Valley Cemetery
18. (a) Signature of funeral director Hope Funeral Home
(b) Address Gallatin, Missouri
19. (a) Jan 25-1947 (Date received local registrar) (b) Virginia M. Engelbach (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 19 year 1947 hour 11 minute 30A M.
21. I hereby certify that I attended the deceased from June 1946 to Jan 19 1947 that I last saw her alive on Jan. 18 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Parkinsons Disease — Duration 5 yrs.
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 87 C
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? (Specify type of place)
While at work? (e) Means of injury 2
23. Signature Floyd E. Nelson (M. D. or other)
Address Gallatin, Mo. Date signed 1-21-47

(Licensed Embalmer's Statement on Reverse Side)

JAN 29 1957

DISTRICT HEALTH OFFICE
Cameron, Mo.

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. O. Nicholson

Licensed Embalmer No. 3307

P. O. Address Gallatin, 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.