

No. 2  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAY 6 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14774

State File No. \_\_\_\_\_

Registration District No. 316

Primary Registration District No. 6075

Registrar's No. 144

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. 4 2  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 yrs. 20 das.  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ripley **9F**

(c) City or town Varner **0**  
(If outside city or town limits, write "RURAL")

(d) Street No. Unknown **0**  
(If rural, give location) **0**

(e) Citizen of foreign country? No (Yes or No) **0**

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Bertha Eaton

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color White 6. (a) Single, widowed, married? Widowed

6. (b) Name of husband or wife Name unknown 6. (c) Age of husband or wife if Deceased  
alive \_\_\_\_\_ years

7. Birth date of deceased Jan. 6, 1872  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>75</u>	<u>2</u>	<u>28</u>	hr. min.

9. Birthplace Wrens Co. Ky  
(City, town, or county) (State or foreign country)

10. Usual occupation (Unemployed) Housewife

11. Industry or business \_\_\_\_\_

12. Name James E. Adams

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

14. Maiden name Raney J. Taylor

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

16. (a) Informant Mrs. B. T. Spitzer & Hospt. Re  
(b) Address Ozly mo.

17. (a) Burial (b) Date thereof 4-8-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ozly Mo., Martin Cem.

18. (a) Signature of funeral director W. H. Jordan

(b) Address Doniphan Mo.

19. (a) 4-26-47 (b) Either Rudloff  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4  
year 1947 hour 4:45 minute P. M.

21. I hereby certify that I attended the deceased from April 1, 1945 to April 4, 1947, 19\_\_\_\_;  
that I last saw h. or alive on April 4, 1947, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Central Aneurysm **1 day**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Bronch. Prostat **40 yrs**  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations g3A

Of autopsy No 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)  
(e) Means of injury **0**

23. Signature Sam. L. Lock (M. D. or other) **0**

Address Farmington Mo Date signed 4/5/47

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

RECEIVED

District Health Officer No. 4  
District File Number 247-633  
Date Filed 5-5-47

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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.....

Licensed Embalmer No. 4584

P. O. Address Garrington

**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.