

No. 2  
2-45  
17-39  
X47070

FILED JUN 2 1947

Registration District No. 207

Primary Registration District No. 3043

Registrar's No. 197

1. PLACE OF DEATH:

(a) County Marion  
(b) City or town Hannibal  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Elizabeth Hospital O  
(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 Missouri (b) County Marion 64  
(c) City or town Hannibal 3  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2828 Market St. 4  
(If rural, give location) 0  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country -----

3. (a) PRINT FULL NAME RUTH ADELINE EALES

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

4. Sex female 5. Color or race white  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Elmer Eales  
6. (c) Age of husband or wife if alive 54 years  
7. Birth date of deceased May 21 1891  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
55 11 23  
hr. min.

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

10. Usual occupation housewife

11. Industry or business

MOTHER FATHER  
12. Name Phillip M. Conrad  
13. Birthplace Illinois  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Edmondson  
15. Birthplace Missouri O  
(City, town, or county) (State or foreign country)

16. (a) Informant Elmer Eales  
(b) Address 2828 Market, Hannibal, Mo.

17. (a) burial (b) Date thereof 5/16/47  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Flint Hill Cemetery

18. (a) Signature of funeral director Roy J. Schwab  
(b) Address 1000 Broadway, Hannibal, Mo.

19. (a) 5-23-47 (b) Dr. E. M. Luski  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14  
year 1947 hour 9 minute 30 a.m.  
21. I hereby certify that I attended the deceased from May 8-14  
May 9-14, 1947, to May 9-14, 1947,  
that I last saw h. alive on May 9, 1947,  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis Duration 7 days  
Due to arterio-sclerosis

Due to -----  
Other conditions (Include pregnancy within 3 months of death) -----  
Major findings: -----  
Of operations -----  
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) (e) Means of injury O  
23. Signature [Signature] (M. D. or other) -----  
Address [Signature] Date signed -----

May-19-47

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

**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 *Paul Richard Brown*  
Licensed Embalmer No. *4324*  
P. O. Address *Harris, Md.*

**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.**