

S. No. 2
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5-17-39
PI X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18380**

FILED **MAY 19 1947**

Registration District No. **279**

Primary Registration District No. **5967**

Registrar's No. **12**

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

1. PLACE OF DEATH:

(a) County **PIKE County**

(b) City or town **Rural - Calumet**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Eolia, Mo. - RFD # 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community **13 years**
years, months or days

3. (a) PRINT FULL NAME **Eddie E. Dandridge**

3. (b) If veteran, name war **No**

3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **W**

6. (a) Single, widowed, married, divorced **M /**

6. (b) Name of husband or wife **Lora Mae Dandridge**

6. (c) Age of husband or wife if alive **65** years

7. Birth date of deceased **Dec 20 1881**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
65	4	12	hr. _____ min. _____

9. Birthplace **St. Louis Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **Machinest**

11. Industry or business _____

MOTHER FATHER

12. Name **Thomas Dandridge**

13. Birthplace **Warrenton Mo**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Bowen**

15. Birthplace **Warrenton Mo**
(City, town, or county) (State or foreign country)

16. (a) Informant **Lora Mae Dandridge**

(b) Address **Eolia Mo**

17. (a) **Burial** (b) Date thereof **May 6 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New Liberty**

18. (a) Signature of funeral director **Norman E. Gooch**

(b) Address **Eolia Mo**

19. (a) **May-3-1947** (b) **N. E. Gooch**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Pike 82**

(c) City or town **Rural - Eolia, Mo.**
(If outside city or town limits, write "RURAL")

(d) Street No. **RFD # 1**
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **2nd**
year **1947** hour _____ minute _____ 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.

Immediate cause of death **Heart** Duration _____
Coronary Arteriosclerosis

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: **94A**

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:

(c) 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? **3**

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature **S. A. Gooding** M. _____
Lawrence Date signed **5-2-47**

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. *Norman E. Gooch*.....

Licensed Embalmer No. *2342*.....

P. O. Address. *Esler - 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.