

No. 2  
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5-17-39  
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED** AUG 1 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25097

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

Registration District No. 294

Primary Registration District No. 4439

Registrar's No. 170

1. PLACE OF DEATH:

(a) County Randolph

(b) City or town Clark

(c) Name of hospital or institution: \_\_\_\_\_  
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(If not in hospital or institution, write street number or location)

In this community Six years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County RANDOLPH

(c) City or town CLARK  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_  
(If rural, give location)

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

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

3. (a) PRINT FULL NAME MARTHA JANE EUBANK

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

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

4. Sex FE 5. Color or race WH.

6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife Ambrose Eubank

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: AUG. 31 1852  
(Month) (Day) (Year)

8. AGE: Years 94 Months 10 Days 22  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace WINCHESTER, KENTUCKY  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE

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

MOTHER FATHER { 12. Name ROBERT PALMER

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

14. Maiden name MARY PALMER

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

16. (a) Informant W.B. FRAY (MRS)

(b) Address CLARK, MO

17. (a) burial (b) Date thereof 7/18/1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clifton Hill, Missouri

18. (a) Signature of funeral director Tom B. Patton

(b) Address Wintersville, Mo.

19. (a) Jul 20 1947 (b) Leah Williams  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16th year 1947 hour EIGHT minute TWENTY

21. I hereby certify that I attended the deceased from JAN. 20 - 1947 to JULY 16 1947; that I last saw ER alive on JULY 16 1947; and that death occurred on the date and hour stated above.

Immediate cause of death INANITION AND DEBILITATION Duration \_\_\_\_\_

Due to SENILITY

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? 2

While at work? \_\_\_\_\_ (Specify type of place)

(c) Means of injury \_\_\_\_\_

23. Signature Robert H. Carson (M.D. or other) DO  
Address Clark, Mo. Date signed 7/18/47

RECEIVED  
District Health Officer No. 10  
District File Number 7-47-235  
Date Filed JUL 30 1947

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 J. Patton

Licensed Embalmer No. 4095

P. O. Address Huntsville, 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.