

No. 2
-8-43
17-39
X37823

FILED FEB 16 1948

Registration District No. **367**

Primary Registration District No. **6249**

Registrar's No. **1**

1. PLACE OF DEATH:

(a) County **Wayne**
(b) City or town **Des Arc**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
XXXXXXXXXX /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **XXXXXX**
(Specify whether
In this community **18 Da.**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Wayne** **111**
(c) City or town **Des Arc** **0**
(If outside city or town limits, write "RURAL")
(d) Street No. **0**
(If rural, give location) **0**
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country:

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **13**
year **1947** hour **12** minute **45 PM.**
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 **Severe**
malnutrition
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings:
Of operations **2nd 15-8**
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME **Fred David Eldridge**

3. (b) If veteran, name war **XXXXX** 3. (c) Social Security No. **XXXX**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **July 25 1947**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
18 hr. min.

9. Birthplace **Des Arc Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Infant**

11. Industry or business _____

12. Name **Obie Eldrige**

13. Birthplace **Vulcan Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Ruth Beucke**

15. Birthplace **Des Arc Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Obie Eldridge**

(b) Address **Des Arc, Missouri**

17. (a) **Burial** (b) Date thereof **Aug. 13, 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Des Arc, Missouri**

18. (a) Signature of funeral director **Wojman & Sons**

(b) Address **Redmont, MO.**

19. (a) **Dec 29 47** (b) **Marie G. Peller**
(Date received local registrar) (Registrar's signature)

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) **3**
While at work _____ (e) Means of injury **Colony**
23. Signature **John S. Marshall** (M. D. or other)
Address **Greenhill** Date signed **8/19/47**

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

MOTHER FATHER

RECEIVED

Health Officer No. 4
Number 248-138
2-11-48

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 Marvin E. Bowler

Licensed Embalmer No. 4426

P. O. Address Piedmont, W.V.

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.