

S. No. 2  
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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **15-42**  
Registrar's No. **47**

FILED APR 22 1948  
Nienstedt 333

Registration District No. \_\_\_\_\_

Primary Registration District No. **6115**

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

1. PLACE OF DEATH:

(a) County **Scott**

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

(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether years, months or days)

In this community **1 year**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **scott**

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

(d) Street No. **Rfd. #2** (If rural, give location)

(e) Citizen of foreign country? **-** (Yes or No)  
If yes, name country: \_\_\_\_\_

3. (a) PRINT FULL NAME **Georgia Jane Eberhart**

3. (b) If veteran, name war: \_\_\_\_\_ 3. (c) Social Security No.: \_\_\_\_\_

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

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Archie V. Eberhart** 6. (c) Age of husband or wife if alive **59**

7. Birth date of deceased **Dec 16 1890**  
(Month) (Day) (Year)

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

**57 4 15** hr. min.

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

10. Usual occupation **Domestic**

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

MOTHER FATHER

12. Name **William Abraham Morris**

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

14. Maiden name **Malinda Caroline Scott**

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

16. (a) Informant **Archie V. Eberhart**

(b) Address **Sikeston, Mo.**

17. (a) **Burial** (b) Date thereof **April 2, 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Russellville Mo.**

18. (a) Signature of funeral director **H. W. Albritton**

(b) Address **Sikeston, Mo**

19. (a) **4-14-48** (b) **Mrs. G. F. Henry**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **# 3** day **31**  
year **1948** hour **5** minute **45 a.m.**

21. I hereby certify that I attended the deceased from **Feb 26**, 19**48**, to **Mar 31**, 19**48**  
that I last saw him/her alive on **Mar 30**, 19**48**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cancer of uterus**

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

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: **48/B**  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_

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 \_\_\_\_\_

23. Signature **G. F. Henry** (M. D. or other) \_\_\_\_\_

Address **Sikeston** Date signed **4-21-48**

RECEIVED

District Health Office No. 2,

District File Number 448-513

Date Filed 4-19-48

MAY 21 1948

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 John Allerton  
Licensed Embalmer No. 2941  
P. O. Address Suburban

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.