

No. 2  
-5-43  
5-17-39  
X36671

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

*J. H. Schumberg*  
State File No. 19939

FILED JUL 6 1948

Registration District No. 787

Primary Registration District No. 5606

Registrar's No. 20

1. PLACE OF DEATH:

(a) County Johnson  
(b) City or town Rural Jackson Twp.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Pittsville, Missouri  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution none (Specify whether  
In this community 89 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson 51  
(c) City or town Holden (rural) 0  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. Rural (If rural, give location) 0  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country XXXX

3. (a) PRINT FULL NAME SARAH EADS

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife William T. Eads 6. (c) Age of husband or wife if alive dec'd years

7. Birth date of deceased Dec. 29, 1858  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
89 5 26 hr. min.

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

10. Usual occupation housewife

11. Industry or business at home

12. Name Washington Carney 9

13. Birthplace unknown 9  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Fryrear

15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Lillie Barnett  
(b) Address Pittsville, Missouri

17. (a) Burial (b) Date thereof 6/28/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pittsville, Mo.

18. (a) Signature of funeral director Canaday & Ropp  
(b) Address Holden, Missouri

19. (a) July 2, 1948 (b) Mrs. L. P. Redford  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25  
year 1948 hour 7:30 minute A M.

21. I hereby certify that I attended the deceased from June 7  
to June 25 1948  
that I last saw or alive on June 24 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Endocarditis  
Due to Chronic Myocardial Degeneration

Due to Chronic Myocardial Degeneration

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations 93 D  
Of autopsy 93 D

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? \_\_\_\_\_

(Specify type of place) (e) Means of injury 2  
23. Signature J. H. Schumberg (M. D. or other) D.O.  
Address Holden, Mo. Date signed 7-2-48

SEP 7 1949

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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..... *Samuel B. Roper*

Licensed Embalmer No..... *4044*

P. O. Address..... *Holden*

**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.