

S. No. 2
M-5-43
5-17-39
I X38671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33326

FILED OCT 29 1948

State File No. _____

Registration District No. 16.3

Primary Registration District No. 3031

Registrar's No. 65

1. PLACE OF DEATH:

(a) County Jefferson

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

(c) Name of hospital or institution:
300 Valle st. /
(If not in hospital or institution, write street number or location)

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

In this community 50 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jefferson

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

(d) Street No. 300 Valle st.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country ✓

3. (a) PRINT FULL NAME Elisha Milton Eaves

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 17th
year 1948 hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from 46 to Oct 17 1948
that I last saw him alive on 17 Oct 1948
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Nora Stroupe

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased January 23 1868
(Month) (Day) (Year)

Immediate cause of death Cerebral hemorrhage Duration 2 wks.

Due to Cerebral arterio-sclerosis yes
cystitis sci. to

Due to hypertrophy prostate years

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

8. AGE:

Years	Months	Days	If less than one day
<u>80</u>	<u>8</u>	<u>24</u>	hr. _____ min. _____

9. Birthplace Jefferson, Co. Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business Self

12. Name Elisha E. Eaves

13. Birthplace Jefferson Co, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Martha LANHAM

15. Birthplace Not Known Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Jennie Yiatris

(b) Address De Soto, Mo.

17. (a) Burial (b) Date thereof Oct. 21-48
(Burial, cremation, etc.) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Park

18. (a) Signature of funeral director Lee Motherhead

(b) Address De Soto, Mo.

19. (a) 10/20/48 (b) Marie Harris
(Date received by registrar) (Registrar's signature)

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Paul V. Profferty (M. D. or other) M.D.
Address De Soto, Mo. Date signed 18 Oct 1948

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

MOTHER FATHER

Date Filed OCT 27 1948
District No. 9

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 Andrew H. England, Registered Apprentice No. 232, working under my personal supervision.

Signed J. E. Mothershead
Licensed Embalmer No. 3531
P. O. Address De Soto, 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.