

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

2
-43
-39
38671

FILED MAR 28 1948

State File No. 42950

Registration District No. 3136

Primary Registration District No. 6131

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Shannon

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

(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)

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

In this community 3 months
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Shannon

(c) City or town Montier
(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 Aulander W. Eagan

3. (b) If veteran, name war _____ 3. (c) Social Security No. 702-07-1114

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

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

7. Birth date of deceased Jan 11 1876
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>11</u>	<u>9</u>	hr. _____ min.

9. Birthplace Randolph Co. Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

MOTHER FATHER { 12. Name William Eagan

13. Birthplace Mo. 0
(City, town, or county) (State or foreign country)

14. Maiden name Minerva C Dammeron

15. Birthplace Tenn 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Robert MC Vickers

(b) Address Star Rt Mtn View, Mo.

17. (a) Burial (b) Date thereof 12-22-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Montier Cemetery

18. (a) Signature of funeral director Duncan Funeral Home

(b) Address Mountain View, Mo

19. (a) 2-26-49 (b) E. K. Roeber
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 20
year 1948 hour 5 minute 44 P.M.

21. I hereby certify that I attended the deceased from 1947 19to Dec 20 1948
that I last saw him alive on Dec 20 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Angiature/Heart failure
Duration 1 yr

Due to mitral lesion

Due to _____

Other conditions 93%
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy 4341

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 2

23. Signature Harley Barnham (M. D. or other DO)

Address Mountain View, Mo Date signed 12-26-48

RECEIVED 3-1-49

District Health Officer No. 8

District File Number ~~349216~~ 349216

Date Filed 3-21-49

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

Joe S. Duncan

Licensed Embalmer No. 4325

P. O. Address Intn View Mn

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.