

S. No. 2  
DM-5-43  
v. 5-17-39  
I X36871

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36798

State File No. ....

FILED NOV 5 1947

Registration District No. 336

Primary Registration District No. 6131

Registrar's No. ....

1. PLACE OF DEATH:

(a) County Shannon

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

(c) Name of hospital or institution: No  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution No (Specify whether  
in this community 37 Years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shannon 101

(c) City or town Montier Mo  
(If outside city or town limits, write "RURAL")

(d) Street No. Rural  
(If rural, give location)

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

3. (a) PRINT FULL NAME Minnie A. Eagan

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 23rd  
year 1947 hour 3 minute 20 p.m.

4. Sex F / 5. Color or race W

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

6. (b) Name of husband or wife A.W. Eagan

6. (c) Age of husband or wife if alive 73 years

21. I hereby certify that I attended the deceased from 9/5, 1947 to 9/18, 1947, that I last saw her alive on 9/18 and that death occurred on the date and hour stated above.

7. Birth date of deceased: Nov. 13th 1883  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>63</u>	<u>10</u>	<u>10</u>	hr. _____ min. _____

Immediate cause of death: Cerebral Hemorrhage

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

Due to Arterial Sclerosis

10. Usual occupation Housewife

Due to Diabetes Mellitus

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

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

12. Name William Bradley

Major findings: 61

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

Of operations: \_\_\_\_\_

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

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

14. Maiden name Mattie Harlin

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

16. (a) Informant A.W. Eagan

(b) Address Montier Mo

17. (a) Burial (b) Date of burial Sept 25th 47  
(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) 10-25-47 (b) Mabel Rael  
(Date received local registrar) (Registrator'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?  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature R. C. Hogan (M.D. or other)

Address West Plains, Mo. 10/12/47

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

MOTHER FATHER

RECEIVED

District Health Officer No. 5,

District File No. 104 21581

Date Filed 10-30-47

NOV 5 1947

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 J. Arman

Licensed Embalmer No. 2576

P. O. Address Intervu Ymo

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.