

No. 2
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5-17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38042

FILED DEC 3 1943

Registration District No. 82 Primary Registration District No. 3017 Registrar's No. 146

1. PLACE OF DEATH:

(a) County COOPER
(b) City or town BOONVILLE MISSOURI
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: PAUENSWAY HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether years, months or days)
In this community 30 days

2. USUAL RESIDENCE OF DECEASED:

(a) State ILLINOIS (b) County CALES 999
(c) City or town MATTOON (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No) 2
If yes, name country.

3. (a) DECEASED FULL NAME: NEST HOMER EAGEY

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

4. Sex MALE 5. Color or WHITE 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 3 1 1871 (Month) (Day) (Year)

8. AGE: Years 72 Months 8 Days 15 If less than one day hr. min.

9. Birthplace MISSOURI 10 (City, town, or county) (State or foreign country)

10. Usual occupation RETIRED

11. Industry or business

12. Name JOHN EAGEY
13. Birthplace MISSOURI 10 (City, town, or county) (State or foreign country)
14. Maiden name M. McFALL
15. Birthplace MISSOURI 10 (City, town, or county) (State or foreign country)

16. (a) Informant George F. Eager
(b) Address St Louis Mo. 1041

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof 11-18-1948 (Month) (Day) (Year)

(c) Place: burial or cremation PETTICREW CEM.

18. (a) Signature of funeral director C. Albert Hornbeck
(b) Address Prairie Home Mo.

19. (a) NOV-18-43 (b) Dr. Chas. Swap. (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 16 year 1943 hour 9 minute 9 P. M.
21. I hereby certify that I attended the deceased from NOV 14 1943 to NOV 16 1943 that I last saw him alive on NOV 16 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal obstruction Duration 7 Days

Due to 462
Other conditions (Include pregnancy within 3 months of death)

Major findings: Suspect Cancer
Of operations Colon
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 A. T. Wurdeth (M. D. or other) Address Prairie Home Mo. 11-17-43

District Health Officer No. 8,

District File Number

Date Filed 12-2-43

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 C. Albert Hornbeck

Licensed Embalmer No. 2714

P. O. Address Praine Home 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.