

RECEIVED JAN 13 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

41811
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Staw Primary Registration District No. 1002
 (c) City Kansas City (d) Street No. 2434 Paseo St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

2119. Albert R. Eagleson
 (a) Residence, No. 2434 Paseo St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Corinne Eagleson
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 25, 1871
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 11 17
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Dentist
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) East St. Louis Illinois
 FATHER 13. NAME John M. Eagleson
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.
 MOTHER 15. MAIDEN NAME Elizabeth Link
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Memphis Tenn.
 17. INFORMANT (ADDRESS) Corinne Eagleson 2434 Paseo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Highland DATE 12/14/38
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Starkins Bros 1729 Lydia
 20. FILED Dec 14, 1938 Dr. M. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/12/38
 22. I HEREBY CERTIFY, That I attended deceased from Nov. 18, 1938, to Dec. 17, 1938, 19...
 I last saw him alive on Dec 10, 1938. Death is said to have occurred on the date stated above, at 6:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Chronic Para-renal Sinusitis Date of onset
Bronchiectasis 104B
Syphemia
 Other contributory causes of importance:
Acute Dilatation of the Heart
 Name of operation..... Date of.....
 What test confirmed diagnosis? Clinical Was there an autopsy? no
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19...
 Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury.....
 Nature of injury.....
 24. Was disease or injury in any way related to occupation of deceased?.....
 If so, specify.....
 (Signed) Royce B. Fleming M. D.
 (Address) 210 Lincoln Bldg. D.C. Mo.

WRITE PLAINLY, WITH "ON-PAID" INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 X14022

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,

T. B. Watkins

....., or by

Registered Apprentice No., working under my personal supervision.

Signed.....

T. B. Watkins

Licensed Embalmer No.

2889

P. O. Address

1729 Lydia

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, above space should be left blank.