REC'D MAY 11 1939

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

14254
Do not use this space.

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7

1. PLACE OF DEATH

(a) County Buchanan — Registration District No. 85

(b) Township Washington — Primary Registration District No. 1001 — Registered No. 375

(c) City St. Joseph — (d) Street No. St. Joseph's Hospital 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 30 yrs. - mos. - ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 231 Lawrence Leroy Eastbourn

(a) Residence, No. 2009 Messanie 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 28, 1908.

7. AGE: YEARS 30 — MONTHS 6 — DAYS 10 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Presser
9. Industry or business in which work was done, as saw mill, bank, etc. Dry cleaning
10. Date deceased last worked at this occupation (month and year) Febr. 1939.
11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph Missouri O

FATHER
13. NAME B.F. Eastbourn O
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DeKalb Missouri. O

MOTHER
15. MAIDEN NAME Artie Crow
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gentry County Missouri

17. INFORMANT (ADDRESS) Mrs. B.F. Eastbourn 2009 Messanie Str. St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL Mt. Olivet Cemt.
PLACE St. Joseph, Mo. DATE April 10, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) H.O. Sidenfaden & Son 1802 Union Str. St. Joseph, Mo.

20. FILED Apr 10, 1939 H.J. Nestlebush Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 8, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 22, 1939, to Apr 8, 1939
I last saw him alive on Apr 7, 1939 Death is said to have occurred on the date stated above, at 8:05 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	
27b	

Other contributory causes of importance:
Pathological dislocation of Rt. hip (JBC)?

Name of operation Open Reduction Date of March 24
What test confirmed diagnosis? X Ray 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? No
If so, specify
(Signed) Leroy Watkins, M. D.
(Address) St. Joseph Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

X14028

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, Robert P.Clarkson, or by ******,

Registered Apprentice No. ********, working under my personal supervision.

Signed Robert P. Clarkson.

Licensed Embalmer No. 4028.

P. O. Address 1802 Union Str.St.Josep

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.