

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

DEC'D JUL 15 1939

22335  
 Do not use this space.

**1. PLACE OF DEATH**

(a) County JACKSON Registration District No. 404  
 (b) Township Winnemucca Primary Registration District No. 5558 Registered No. 40  
 (c) City GRANDVIEW (d) Street No. GRANDVIEW AND BANNISTER ROADS  
 (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 2 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME** MR ALTON RUFUS EASTON

(a) Residence, No. GRANDVIEW & BANNISTER ROADS 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) MARRIED  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF MRS. CLARA N. EASTON  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OCTOBER-17-1853  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
85 8 4  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. ABSTRACTOR  
 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 50

12. BIRTHPLACE (CITY OR TOWN) ST. LOUIS  
 (STATE OR COUNTRY) MISSOURI

FATHER 13. NAME ALTON RUFUS EASTON  
 14. BIRTHPLACE (CITY OR TOWN) ST. LOUIS  
 (STATE OR COUNTRY) MISSOURI

MOTHER 15. MAIDEN NAME ELIZA OTT  
 16. BIRTHPLACE (CITY OR TOWN) ST. LOUIS  
 (STATE OR COUNTRY) MISSOURI

17. INFORMANT MRS CLARA N. EASTON  
 (ADDRESS) GRANDVIEW AND BANNISTER ROADS

18. BURIAL, CREMATION, OR REMOVAL PLACE SEDALIA, MISSOURI DATE JUNE-23-1939

19. FUNERAL DIRECTOR (NAME) D.W. NEWCOMER'S SONS  
 (ADDRESS) KANSAS CITY MISSOURI

20. FILED 7-8-1939 Mrs. Jos. T. Brennan  
 Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JUNE-21-1939

22. I HEREBY CERTIFY That I attended deceased from June 19th, 1939, to June 21, 1939  
 I last saw him alive on June 19th, 1939. Death is said to have occurred on the date stated above, at 3:30 AM.  
 The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Date of onset  
 Other contributory causes of importance: 930

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis?  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) R. C. Dugan, M. D.

(Address) 404 1/2 W. 5th St. E. Kansas City, Mo.

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.

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**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 E. M. Colborn

Licensed Embalmer No. 3506

P. O. Address KC 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, above space should be left blank.**