

REG'D DEC 13 1939 89
Registration District No. _____Primary Registration District No. 3007

1. PLACE OF DEATH:

(a) County Butler
 (b) City or town Poplar Bluff, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution Poplar Bluff Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 days
 (Specify whether
 In this community
 years, months or days)

3. (a) PRINT FULL NAME Frona Eaton 350

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widow6. (b) Name of husband or wife West Eaton 6. (c) Age of husband or wife if alive _____ years7. Birth date of deceased Unknown
(Month) (Day) (Year)8. AGE: Years 67 Months _____ Days _____ If less than one day
hr. _____ min. _____9. Birthplace Ellsinore Mo
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business _____

12. Name Alfred Boyer13. Birthplace Ellsinore, Mo.
(City, town, or county) (State or foreign country)14. Maiden name Unknown
(City, town, or county) (State or foreign country)16. (a) Informant's own signature E. L. Leach(b) Address Ellsinore, Mo.17. (a) Burial (b) Date thereof Nov. 22, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Garson Hill18. (a) Signature of funeral director Greer-Croy Service(b) Address Poplar Bluff, Mo. 80119. (a) 11/22/39 (b) Blattinger
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cartter
 (c) City or town Ellsinore,
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. 21 day _____
year 1939 hour 5:17 minute a. M.21. I hereby certify that I attended the deceased from
November 8, 1939, to November 21, 1939
that I last saw her alive on November 20, 1939
and that death occurred on the date and hour stated above.Immediate cause of death Labor Paralysis
Left Side Duration 5 daysDue to _____
Due to _____Other conditions Left Side Paralysis, Gynexy 1 year
(include pregnancy within 3 months of death)Major findings:
Of operations _____

Of autopsy _____

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 E. L. Leach (M. D. or other) MD!
Address Poplar Bluff Mo Date signed 11-28-39

APR 22 1949

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.

No Embalming

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.