

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

Dr. W. A. ...
39593
Do not use this space.

RECORDED DEC 15 1939

1. PLACE OF DEATH
 (a) County GREENE Registration District No. 318
 (b) Township SPRINGFIELD Primary Registration District No. 2001 Registered No. 811
 (c) City SPRINGFIELD (d) Street No. Burge Hospital (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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME 350 Nan Blodgett Eaton
 (a) Residence, No. 555 E Walnut 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 Female 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 Karl Eaton
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 24 1882
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
✓ 57 5 13

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Homemaker
 9. Industry or business in which work was done, as saw mill, bank, etc. In Home
 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) Waco, Texas

FATHER
 13. NAME Austin Blodgett
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield, Mass.

MOTHER
 15. MAIDEN NAME Susan Clark
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Waco, Texas

17. INFORMANT (ADDRESS) Karl Eaton, 555 E. Walnut

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Park DATE Nov 9, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Alma Johnson, Springfield, Mo.

20. FILED Nov 19 1939 Chas. W. Bennett Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 7, 1939
 22. I HEREBY CERTIFY, That I attended deceased from November 1, 1939 to November 7, 1939
 I last saw her alive on November 7, 1939 Death is said to have occurred on the date stated above, at 1 P m.
 The principal cause of death and related causes of importance were as follows:

Myocardial inefficiency

Date of onset 11-5-39

Other contributory causes of importance: MITRAL STENOSIS
10 yrs. ago

Name of operation None 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? No Date of injury -
 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) Leffie D. Webb, M. D.
 (Address) Springfield, 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.

STATEMENT BY LICENSED EMBALMER

X 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 Lewis G. Scharpf

Licensed Embalmer No. 3802

P. O. Address Springfield, 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.