

111 FEB 12 1940

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

3082
Do not use this space.

1. PLACE OF DEATH
 (a) County Merced 2 Registration District No. 553
 (b) Township Manson 0 Primary Registration District No. 4-325 3 Registered No. 746 1
 (c) City South Linn (d) Street No. _____ 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 Infant Son = Oliver Eastin Wilma Eastin
 (a) Residence, No. _____ 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 Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 4, 1940
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min. 20 min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 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) South Linn Missouri
 FATHER 13. NAME Oliver E. Eastin 0
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 1
 MOTHER 15. MAIDEN NAME Wilma Linn Higdon
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Dakota
 17. INFORMANT (ADDRESS) Oliver E. Eastin
Jennette St.
 18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 1/4 1940
 19. FUNERAL DIRECTOR (ADDRESS) O. O. Greenlee
Linnville, Mo.
 20. FILED 1/4 1940 S. R. Davis
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

19. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 4 1940
 22. I HEREBY CERTIFY, that I attended deceased from Jan 4 1940 to Jan 4 1940
 I last saw him alive on Jan 4 1940 Death is said to have occurred on the date stated above, at 3:20 AM
 The principal cause of death and related causes of importance were as follows:
Premature birth
 Other contributory causes of importance: 159
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 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 C. E. Lowell 1, M. D.
 (Signed) _____
 (Address) Linnville, 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.

RECEIVED :
District Health Officer No. 11,
District File Number 24561
Date Filed FEB 8 1940

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

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.)